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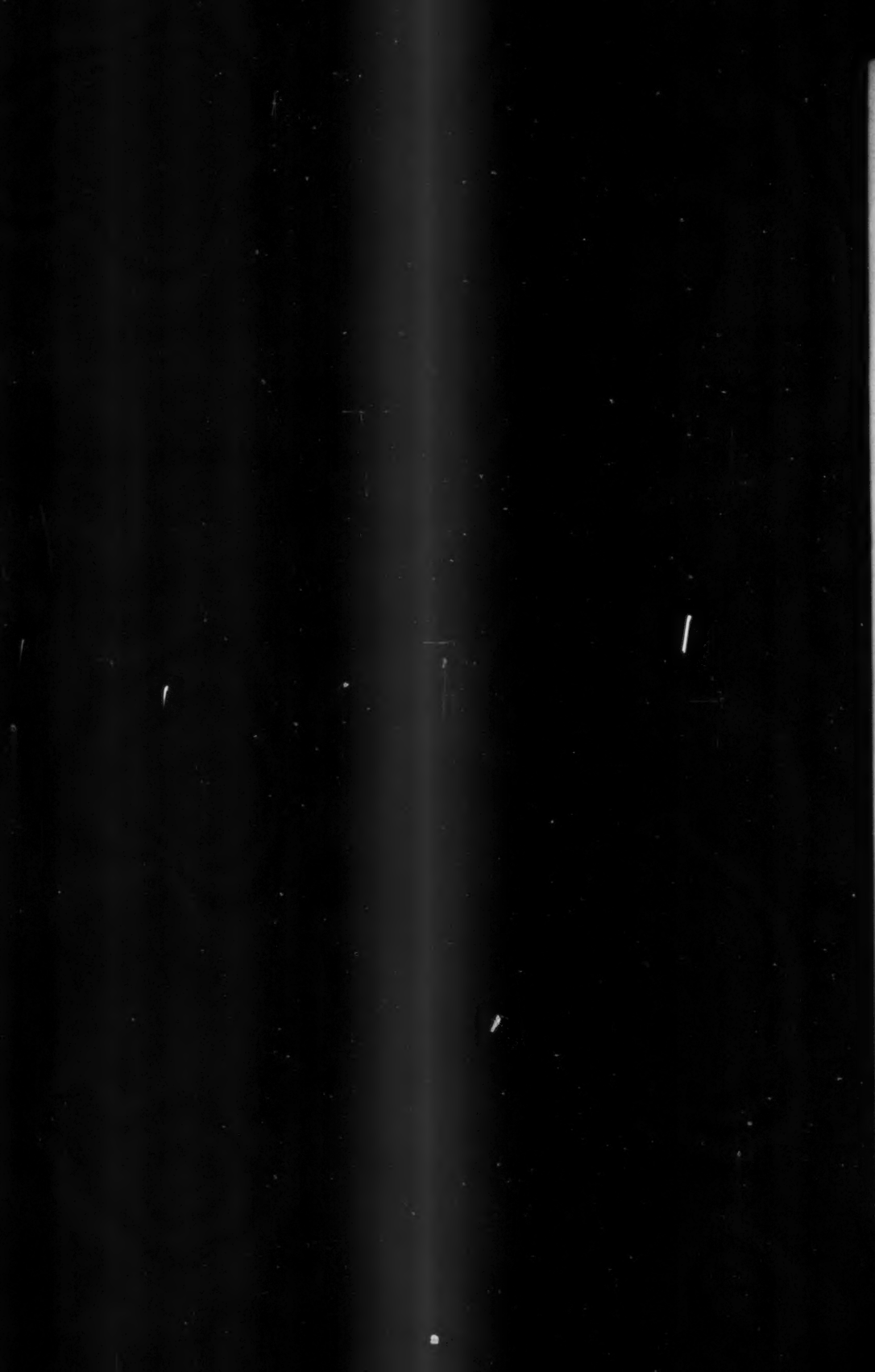
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THE  
CHICAGO MEDICAL EXAMINER.

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Original Contributions.

ARTICLE XVI.

TYPHOID FEVER, ITS VARIETIES AND  
TREATMENT.

By A. GIVEN, M.D., Louisville, Kentucky.

This is an idiopathic disease, which is characterized by a forming stage, in which the zymotic agent is at work in the system, from one to ten days before the fever is fully developed. After the stage of febrile excitement has been established, the fever is continuous, and the disease runs its course with a diversity of symptoms that are pathognomonic of typhoid fever and its complications.

This disease has long been known, but was imperfectly understood, until after the research of Louis, who established the fact of its constant anatomical and pathological peculiarity. The writers who preceded him described it as a variety of typhus, and many of the European authors still so regard it. But their individuality or non-identity is settled beyond the shadow of a doubt.

The nomenclature of this disease is vague. Writers have diligently sought for a name expressive of the pathological condition, but, as yet, none has been found free from objection. Probably the one that is least objectionable is "enteric;" but this does not convey a definite idea of the character of the disease under consideration.

The term typhoid has become so popular, both among the people and profession, that it will be somewhat difficult to change it. But the distinction must ever be kept in view, between this fever and that secondary condition of many diseases, called the typhoid state.

Typhoid fever is primarily a disease of the blood—that is to say, a zymotic action is set up in that fluid, by the presence of the typhoid ferment, by which the fever is developed.

It would be natural to suppose that all the tissues of the body would be more or less affected by a disease so general in its character. But it seems to have an affinity for certain localities, through which the vital powers are more readily reached, and so depressed as frequently to cause the death of the patient.

In whatever country typhoid fever prevails, or whatever the character of the epidemic, it has phenomena peculiarly its own. But each epidemic may differ in its local manifestations. At one time, the disease may expend its force upon the organic functions collectively, while, in other cases, it may select a particular organ for its base of operations.

The abdominal, cerebral, gastric, and respiratory apparatus are the parts most generally affected by typhoid fever. I will, therefore, notice six varieties or conditions, which demand special consideration. The first stage or premonitory symptoms are similar in all; the complication or variety is soon developed, and gives to the disease its peculiar characteristics. The predisposing cause so depresses the vital affinity, and increases the susceptibility of the fluids and solids, that the morbid agent, in passing the rounds of the circulation, selects the weakest part, and there concentrates its forces.

For convenience of description, I make the following tabular view of this fever and its subdivisions:—

TYPHOID FEVER, -----	{	Simple Typhoid,
		Typho-enteric,
		Typho-cerebral,
		Typho-gastric,
		Typho-pneumonitis,
		Typho-malarial.



## SIMPLE TYPHOID.

Under this head, I propose to notice the clinical history and symptoms that belong to typhoid fever, independently of the complications to which I have referred.

The approach of this disease is so gradual, that we are often unable to tell the precise time of its beginning. The patient complains of a general indisposition and lassitude; there is an aversion to exercise, both mental and physical; the appetite is impaired; the bowels are generally loose; there may be but one stool during the 24 hours, and that is thin and watery. If the bowels do not move, the patient complains of borborygmi; and a small amount of physic will produce the thin and watery stools so characteristic of this disease. There is a little tenderness in the right iliac region, which may be overlooked, in the early stage, unless a close examination be made by pressure. It is often so mild that the patient does not complain, and is not aware of any trouble in that region, until his attention is called to the fact by the physician. Headache is often present, but this seldom in the early stage; the tongue is covered with whitish fur; the pulse is only a few beats above the normal standard; slight pains are felt in the back and limbs. The patient often continues about his employment, in this condition, from one to ten days, when the symptoms grow worse, and he is compelled to take to his bed. He then complains of a sense of chilliness, and sometimes of a severe chill, followed by fever and a dry, husky skin.

The temperature of the body ranges from  $98.5^{\circ}$  Farh., in the morning, to  $100.5^{\circ}$ , in the evening; the pulse is from 90 to 110 per minute; the appetite is entirely lost; the bowels move more frequently; and the temperature continues to rise to  $101.5^{\circ}$ , in the morning, and to  $104.5^{\circ}$ , in the evening, as the disease advances. If the temperature rises to  $105^{\circ}$ , the disease is of a grave character; and if it still goes up to  $106^{\circ}$ , the patient is in great danger, and generally dies.

The tongue becomes thickly coated; sordes gather around the teeth; the countenance assumes a dull expression; a low, muttering delirium sets in; the patient is nervous and has a

buzzing in the ears, which so affects the hearing as often to produce deafness; he sometimes doses, and starts up in a state of alarm; he is easily aroused, and answers questions, but soon relapses into a somnolent condition. If the abdomen be examined closely, between the seventh and fifteenth day of the progress of the disease, a few red spots will generally be found upon it, which may extend to the breast, and also to the extremities. This is called the rose-colored eruption, and is one of the characteristic signs of typhoid fever.

As the disease advances, the patient becomes delirious; the fæces are passed involuntarily; he becomes comatose, picking at the bedclothes or imaginary objects; slipping down in the bed; the skin is bathed with a clammy sweat; the pulse grows quick and feeble; subsultus tendinum is observed; and death often takes place in from six to twenty-one days, from the time the patient takes to his bed. Although this is the course of the fatal cases, yet a large majority of the patients, if seen in time, and the appropriate treatment adopted, begins to improve about the 9th, 14th, or 21st day. The tongue begins to clean from the tip and edges; the pulse grows less frequent; the skin is cooler; the mind becomes clear; the patient sleeps, awakes, and finds himself refreshed; the bowels return to their normal function; there is a desire and relish for food; and convalescence is established.

The tongue, sometimes, instead of cleaning from the tip and edges, throws off its coat in flakes from the centre. In this condition, the prognosis is favorable, but the convalescence is more tedious.

This, then, is the beginning, progress, and termination of simple, uncomplicated typhoid fever. But a more dangerous variety often prevails, or the simple may merge into, or put on, a more violent form, which is denominated—

#### TYPHO-ENTERIC.

This differs from the former in the degree of lesion in the intestine only. In this variety, the diarrhœa is the first and most constant symptom. The patient complains of tenderness

of the bowels; the stools are frequent, thin, and watery, and of a brownish cast; the abdomen becomes tympanitic, with a gurgling sound in the right iliac region, when pressure is made upon that part; the urine is scanty and highly colored, and is sometimes suppressed or retained in the bladder.

The tongue, which at first was covered with a thin, whitish fur, now becomes brown and dry in the centre, with a thicker coat; the tip and edges are of a crimson hue, and sordes gather around the lips and teeth. As the disease progresses, the abdomen becomes more distended; the stools are more copious and contain dark, foetid blood, which is an evidence of disintegration of the structures of Peyer's patches. Sometimes the hemorrhage is so great, that the patient is prostrated in a few hours; but, more generally, ulceration of the coats of the ilium takes place gradually, with increased tenderness of the bowels; and after a longer or shorter continuance of these symptoms, the patient is suddenly seized with a violent pain in the right iliac region; he looks distressed and anxious.

These symptoms point to perforation of the intestine, with extravasation of its contents into the peritoneal cavity, which produces inflammation of the peritoneum, and may cause death in from one to six days. However, ulceration and perforation of the ilium does not always cause death. I am a living evidence of this fact; and there are many cases of recovery on record.

During the fall of 1865, I was the subject of an attack of typho-enteric fever; and from the large amount of foetid blood, and the character of the fecal matter that passed from the bowels, and from the locality and severity of the pain and tenderness, there was unmistakable evidence of an extensive ulceration, if not perforation, of the intestines. This was the opinion of L. Powell, M.D., a talented physician of Louisville, who was so attentive to me during my long and tedious illness. For six months after I became convalescent, I never had a free and easy stool. The right side of the abdomen was tender and felt contracted, and there seemed to be some obstruction to the free evacuation of the bowels. The fæces gave

evidence of having passed through a narrow space. Those conditions were, no doubt, the result of cicatrices, which caused contraction of the muscular coats of the intestine, and thereby diminished the calibre of the bowel, through which the fecal matter had to pass.

There was one other peculiar and very distressing symptom in my case. After I became conscious, I had a feeling as if my body had been severed at the umbilicus. This condition lasted about ten days, when sensation of the extremities began to return, and with it the most intense suffering that I ever experienced. If a thousand needles had pierced my flesh, they could hardly have been more painful. For two months, I suffered more or less from that pricking sensation, and did not regain my usual gait for 12 months or more. I regarded that partial loss of sensation and of motion as an evidence of the effect produced on the cerebro-spinal system by typhoid poison.

The next variety in the catalogue of complications is the cerebral type, or—

#### TYPHO-CEREBRAL.

In this, the head symptoms are more marked than in any other. The patient complains constantly of headache, from the incipency of the disease; and as the fever and temperature of the body increases, he becomes wild and excited, and is soon delirious and talking incoherently. The head is sometimes hot and dry; the patient cannot sleep, and imagines that he is away from home, and is constantly arising from his couch, and attempts to make his escape through an open window or door, or sometimes falls helpless on the floor from exhaustion.

The question naturally arises, whether the head symptoms are the result of inflammation, or of functional derangement. It is believed that the latter is the pathological condition, in the majority of cases. For while persons have died, apparently, from the effect of the cerebral symptoms, *post mortem* proved the fact that the brain and its appendages were free from inflammation, and that the characteristics of typhoid fever were manifest in the ilium; thus proving, beyond a doubt, that

whatever may be the complication or symptoms, the specific agent by which the system is depressed, after changing the condition of the blood, selects the glands of Peyer as the point from which its influence is communicated to the various organs and tissues, either directly through the circulation, or by reflex action.

I do not wish to be understood as saying, that there are no cases of inflammation of the brain and its meninges ever found in typhoid fever; for there are exceptions to all general rules. But, in this disease, depression of the functions is the rule, and inflammation is the exception. Aside from the evidence furnished by *post mortems*, we may reason from a therapeutical point of view to prove this proposition.

The books are unanimous in condemning the use of opium in cerebral meningitis. They declare that it is not only contra-indicated, but is positively injurious. But, on the other hand, every practitioner of medicine is aware of the happy effects of two or three grains of opium, in coma-vigil and typho-mania, of the typho-cerebral type of typhoid fever. So, then, the cerebral symptoms of this disease are not due to inflammation, or, if they are, then opium is the remedy *par excellence* for meningitis. But I do not see that there is anything to be gained by discussing this subject; for it is evident that the typhoid poison is capable of so depressing the nervous centres as to arrest the organic functions, and destroy life as surely as if inflammation had existed.

According to my observation, the inflammatory or non-inflammatory character of the cerebral symptoms, in typhoid fever, may be established by the thermometer. In this disease, the temperature varies in accordance with the degree of activity of the typhoid poison. There is always a difference of from 1° to 2° F., between the evening and morning temperatures; and this difference is always observed, whether the evening temperature is rising or falling. The temperature gradually rises in the evening and falls in the morning, until the former reaches 104°, and the latter 103°. When the temperature has reached these points, which is from the third to the sixth day, there is

a decrease, and it often falls as low as  $99.5^{\circ}$ , in the morning, and  $100^{\circ}$ , in the evening. This fluctuation continues for a longer or shorter period, when the temperature may again go up, until it reaches  $105^{\circ}$ , in the evening, and  $103^{\circ}$  in the morning. Thus the fluctuations take place from time to time, and the oscillations of temperature, between the evening and morning, continue with the same degree of regularity, until the beginning of the stage of convalescence, when the difference of oscillation may reach from  $3^{\circ}$  to  $5^{\circ}$ . But, on the other hand, in local inflammations, there is a gradual rise of the temperature, until the inflammation has reached its acme. And as the inflammation begins to decline, the temperature falls rapidly, until the standard of health is again reached.

The following are notes of a well-marked case of typhoid fever, of the typho-cerebral type. John Riccius, aged eight years, nervous temperament, had never been sick before; was troubled with headache, constipation, loss of appetite, sleeplessness, and general languor, from March 4th until the 10th, when he was confined to bed, with an aggravation of all the symptoms just mentioned. At 7 P.M., his countenance was expressive of pain and nervous excitement, with pain and tympanitis of the abdomen, and gurgling in the right ileo-caecal region; stools thin and watery; skin was hot and dry; tongue covered with a brown fur; temperature  $104.5^{\circ}$  Farh. The temperature was first taken on the sixth day of the disease, and on each subsequent day of its progress, as shown by annexed table:—

It will be observed, that on the 10th, the thermometer showed a rise of temperature, in the evening, to  $104.5^{\circ}$ ; from the 10th to the 14th, the temperature had a downward tendency, until it fell to  $99.5^{\circ}$ . It oscillated until the 16th, when it rose to  $104.5^{\circ}$ , in the evening, and fell again to  $101^{\circ}$ , on the morning of the 17th, and rose again to  $105^{\circ}$ , in the evening of the same day. From this time until the 24th, the evening and morning temperature oscillated between  $105^{\circ}$  and  $101^{\circ}$ , when it fell to  $99^{\circ}$ , but arose again to  $103.5^{\circ}$ , in the evening. Thus the fluctuations continued until the eighth day of April, when the temperature fell to the normal standard, and the patient gradually recovered.







The reason that there is not so great a lesion of the ilium, in the typho-cerebral type of typhoid fever as there is in the typho-enteric is, because the force of the disease is called from the bowel to some distant organ. And there it may exert such an influence over the organic functions, as to increase susceptibility, destroy vital affinity of the parts, and produce death, by depression of the vital powers. A somewhat common and very dangerous complication is called—

#### TYPHO-GASTRIC.

Soon after the characteristic symptoms of typhoid fever have been developed, the patient complains of nausea and vomiting, and of a load and pressure in the epigastrium. When vomiting occurs, it is only an ejection of the fluids that have been taken into the stomach. The fluids that are thrown up are sometimes of a yellowish cast, owing to regurgitation of bile. The pulse is quick and full; the skin is dry and hot; the tongue is covered with a dirty-white fur, and is a little brown in the centre. This form of typhoid fever is the most dangerous; and it may be mistaken for gastritis. It frequently destroys life in a few days. Owing to the fact that there is such a strong impression made upon the stomach, the bowels are not so loose as they are in the other varieties; and thus we may overlook the intestinal symptoms. If, however, they be examined carefully, the tenderness may be detected near the ilio-cæcal valve.

Another variety of typhoid fever often occurs in certain latitudes during the winter and spring, which has been named—

#### TYPHO-PNEUMONITIS.

I have placed typhoid-pneumonia in the classification of continued fevers, because the idiopathic fever precedes the inflammation of the lungs; and the pneumonia is symptomatic, and, therefore, secondary to, and a complication of, typhoid fever. Whereas, in pneumonia proper, we may have a typhoid condition supervening the disease of the lungs; therefore one is the result or consequence of an idiopathic fever, and the other the effect of a primary local lesion.

This disease has frequently prevailed as an epidemic, in some portions of the United States; and it is sometimes attended with very fatal results. West and central Virginia are localities where it is frequently seen during epidemics of typhoid fever. After the usual premonitory symptoms of typhoid fever have lasted for a longer or shorter period, the patient complains of a sense of chilliness, followed by a dryer and hotter skin; the secretions are locked up; the tongue is dry and of a brownish cast; the face is flushed and of a bluish tint; the pulse is strong, full, and rapid; the countenance is dull and the respiration is quick. This latter symptom is peculiar to pectoral troubles, and calls our attention to a complication of pneumonia.

If the ear be applied to the chest, a crepitant rale may generally be heard in the lower and posterior lobe of the right lung; there is but little or no pain, and but little cough in the early stage. If there is any pain, it is dull, and not the sharp pain of pneumonia proper. Sometimes the symptoms are so slight, that the complication may be overlooked without the aid of auscultation. But as the disease advances, the force of the idiopathic fever seems to be concentrated on the lungs; and we have cough and difficulty of breathing, as in primary pneumonia; but there is a greater degree of prostration.

The last complication of typhoid fever to which I call attention is—

#### TYPHO-MALARIAL FEVER.

This disease prevails endemically and epidemically in malarial districts only, and partakes both of typhoid and malarial fevers. After the usual though aggravated symptoms of typhoid fever have lasted from three to seven days, the patient complains of a cold sensation or severe chills, with aching of the back and limbs; the tongue becomes coated in the centre with a thick, brown fur; the edges and tip have a glossy, red appearance. The bowels may be inclined to constipation or diarrhoea, but generally the latter. The patient is nervous, and as the disease approaches its acme, delirium sets in, and he

soon sinks into a profound stupor, and death often takes place, in from seven to fifteen days after the chills make their appearance.

There is one peculiarity about this disease that may lead the physician into error in diagnosis. The patient is found perspiring freely, and has all the appearance of having a malarial fever; he complains of being cold, even while in this condition; and the pulse is never less than 110, and may reach 140, while he is sweating profusely; the tongue is still dry, in this stage, and the temperature is not reduced. It has been observed that the cases which perspire copiously are the most dangerous and difficult to treat. As a general rule, if the patient perspires freely, the diarrhoea is easily controlled; but when the skin becomes dry, the bowel affection is very troublesome. The gastric and cerebral functions are generally deranged, in this form of the disease; nausea and vomiting are almost always present. There is no regularity in the appearance of the rose-colored eruption; it may show itself on the seventh day, and from that to the twenty-sixth. I have generally found audamina over the body, instead of the rose-colored eruption on the abdomen.

Some writers have described another variety, which comes on suddenly, with chills and remissions, similar to remittent fever, and followed by typhoid symptoms. I am inclined to believe that those are aggravated cases of remittent fever, which merge into a typhoid state. For in the cases which I have seen, there seemed to be a comingling of the symptoms of typhoid and remittent fever, throughout the whole course of the disease—that is to say, the primary and general symptoms were characteristic of typhoid, and the incidental were those of remittent.

During the summer of 1863, I treated seven cases in the northern part of Illinois. They were well-marked cases of typhoid fever, in the beginning, and continued so through the first five or six days, after which the patient complained of chilly sensations, followed by a hotter and dryer skin. The pulse would often reach 140 per minute. This febrile excitement would sometimes continue for 12 or 18 hours, when the

patient would break out into a copious perspiration. I have seen patients perspire freely for 24 hours, and then the skin would become hot and dry for the next 24 or 30 hours. I noticed that during the most profuse sweatings, the patients complained of being chilly, and would draw the covering around their necks. The pulse would fall only a few beats in this stage. The patients were inclined to be drowsy, but were easily aroused, and would soon relapse into a dreamy or half-conscious state.

The apparent regularity of the sweating stage, and the character of the perspiration, gave evidence of the presence of marsh miasmata in the system. But every other symptom pointed unerringly to a typhoid poison. One of those patients died, and the others were from 14 to 21 days before convalescence was established.

The liver is frequently deranged in this disease. The fluids ejected from the stomach are often colored with bile, and the conjunctiva has a yellowish cast.

Hiccough is often a troublesome symptom, and is much more frequent in this, than in the other varieties of typhoid fever.

*Causes.*—The cause of typhoid fever is not well understood. There is no doubt that a specific agent is formed by the decomposition of animal matter, or a chemical change takes place in the exhalations from the human body, during sickness or close confinement, which acts as a predisposing cause. The exciting causes are vicissitudes of climate, errors in diet, mental anxiety, and whatever tends to increase susceptibility of the system, and induce that peculiar condition called the aplastic diathesis. When the disease occurs under these circumstances, and is confined to particular localities, it is said to be endemic.

The epidemic form may be produced by an electrical charge in the atmosphere, by which the vital powers of the inhabitants of cities and large territories are so depressed as to form a favorable medium by which the specific agent readily diffuses itself through wide districts; and all those who are affected by the predisposing cause, are easily brought under the control of the exciting cause, and are prostrated by the fever.

The morbid agent, whatever it may be, does not affect or produce zymosis in the plastic system; and the individual must first be brought under the epidemic influence, or his condition changed, before he is liable to an attack of typhoid fever.

If, in certain geographical districts, the atmosphere becomes damp and heavy, with thick fogs remaining during the greater part of the day, and continues for several days together, typhoid fever will be the prevailing disease, and will give all the evidence of an epidemic.

This disease is thought to be most prevalent in autumn and winter. If it prevails in malarial districts, during the latter part of summer or early autumn, it is liable to put on a typhomalarial type.

It appears that no age or sex is exempt from typhoid fever. From the investigations of Louis, it is found to be more frequent in those from twenty to twenty-five years of age. But it frequently occurs in children, at the age of eight and nine years.

There are many persons who believe this disease to be contagious, but some of the ablest practitioners of Europe and America discard the theory. There is no doubt that the idea originated from the fact that it is sometimes difficult to draw the line of distinction between typhus and an epidemic of typhoid fever.

There is no positive evidence that typhoid fever is contagious. It was so considered by the older authors, but it was because they were unable to draw the line of distinction between typhoid and typhus. Since the days of Louis, the distinguishing characteristics have been made plain. The fact of several members of the same family having typhoid fever, is no evidence of its being contagious. Neither is the fact of persons visiting the patient from a healthy locality, and then returning home to have the disease, an evidence of their having contracted it by contagion—unless we call all causes of disease contagion. It simply proves that they remained long enough under the influence of the local cause to change their diathesis, and place them in that condition which is susceptible of endemic diseases.

Then again, the care and anxiety manifested by the family for the sick member, loss of sleep, bad ventilation of his room, and the constant breathing of the exhalations from the patient, are predisposing causes; and any person being kept in that condition for any length of time, must evidently take the fever, or undergo a pathological change of a typhoid character.

But if the patient is kept clean, and his chamber thoroughly ventilated night and day, there is no danger of any one contracting the disease by visiting him. For the system must first be brought under the control of the same endemic or epidemic influence, before it can be attacked by the same form of disease.

But, on the other hand, contagion is liable to attack any person, with the smallest amount of exposure. There is then a wide difference between the virus of contagion and the agent of endemic and epidemic diseases. And until we are able to make this distinction, we are liable to commit an error in regard to the contagiousness and non-contagiousness of certain diseases.

*Morbid Anatomy.*—The almost constant pathological peculiarity of typhoid fever is to be found in the ilium, as the result of the fever poison.

An irritation and congestion are set up in the glands of Peyer, which give them a thickened or enlarged appearance; and as the system is fully brought under the influence of the idiopathic fever, inflammation sets in; disintegration takes place; the glands become softened, and easily break down; the follicular structure is lost; and ulcers of varying size and color are the result.

These ulcers have a tendency to heal even where perforation has taken place, and under appropriate treatment, do frequently heal, and the patient recovers. This fact has been proved by *post mortems*, where patients have died of some other disease, many years after an attack of typhoid fever.

It would be natural to suppose that, from the general effects of the blood poison, and the long continuance of the disease, the various organs and tissues of the body would undergo a pathological change before death: this we find to be the case. The liver, spleen, and mesenteric glands are found softened and

enlarged; the kidneys are in a morbid condition; the pharynx, œsophagus, bronchi, lungs, stomach, and heart are more or less changed in color and structure.

#### DIAGNOSIS.

The diagnosis of this disease is sometimes difficult, owing to the fact that many of its symptoms are similar to those of other idiopathic fevers, and simulate those of local disease and morbid states. There are, however, some differential symptoms which serve and direct us to a correct conclusion.

The watery evacuations and tympanitic bowels; tenderness over the ilia region, with a gurgling sound; the thin, dirty white fur on the tongue, which after a few days becomes brown; the rose-colored rash on the abdomen; complete loss of appetite; the peculiar dulness of mind, and apathetic or dejected expression of countenance; and enlargement of the spleen are all diagnostic symptoms of typhoid fever, when taken in connection with the history of the case. The latter symptom is supposed to be pathognomonic, if it can be shown that the spleen was not enlarged previous to the attack then under consideration.

The diseases and conditions most likely to confuse the physician are the following:—

Typhus fever,	Enteritis,	Typhoid condition,
Remittent “	Gastritis,	General Debility.
Meningitis,		

**TYPHUS.**—The differential diagnosis of typhoid and typhus fevers may be summed up as follows:

TYPHOID.	TYPHUS.
1. Forming stage from one to ten days.	1. Forming stage from one to three days.
2. Diarrhœa.	2. Constipation.
3. Susceptibility to the action of purgatives.	3. No tendency to diarrhœa, or excessive purgation from purgatives.
4. Countenance pale, or of a reddish tint.	4. Countenance of a dusky hue.



- |   |   |
|---|---|
| 5. Abdomen tympanitic, with tenderness, and a gurgling sound upon pressure in the right iliac region.<br>6. Coffee-ground stools.<br>7. Hemorrhage from the bowels frequent.<br>8. Rose-colored eruption—disappear upon pressure.<br>9. Ulceration of the ilium is a constant pathological peculiarity. | 5. Abdomen flat; and if there is tenderness, it is general, and not confined to the right iliac.<br>6. Dark, offensive stools, but not watery.<br>7. Hemorrhage from the bowels seldom.<br>8. Petæcia of a livid hue and but little affected by pressure.<br>9. No constant pathological peculiarity. |
|---|---|

*Remittent Fever.*—This fever may sometimes baffle us in our diagnosis, unless we are on our guard. But if we remember that periodical fevers come on abruptly, and with great severity, and that typhoid fever begins slowly, and gradually increases in severity, and is always accompanied with diarrhoea, or a predisposition to it, we need not have any doubts as to the character of the affection.

And then, again, there is a decided remission and exacerbation in intermittent fevers; sometime during the twenty-four hours; whereas in typhoid the fever is continuous, except in that variety which we have designated as typho-malarial, in which there seems to be a blending of the symptoms of the two. But generally, if we have a correct knowledge of the clinical history and symptoms of these diseases, the careful observer need not make any mistake.

*Meningitis.*—The symptoms of the typho-cerebral type of typhoid fever and meningitis may be mistaken for each other, unless the practitioner is familiar with the characteristics of the two affections. But the suddenness of the attack; the flushed face; the quick, full, and bounding pulse; throbbing of the carotid and temporal arteries; the sharp pain in the head, with convulsive movements; the injected eyes, and constipation of the bowels all distinguish the latter from the former.



*Enteritis.*—This disease may be distinguished from typhoid fever by remembering that in the former, the inflammation of the intestines is the primary disease, and precedes the fever, and the inflammatory action is more extensive over the abdomen; the pain and tenderness is more acute and constant in the early stage; and the bowels are costive. While in the latter, the fever is primary, and the morbid condition of Peyer's glands is secondary; and the tenderness and pain are local, and confined to the ileo-cæcal region; and the bowels are loose from the beginning.

In enteritis, there is but little prostration, until the disease has progressed for some time, or passed into the typhoid state. The spleen is normal; and there is no mental wandering, no rose-colored spots on the abdomen, nor sudamina on the body: while in typhoid fever the reverse is true.

*Gastritis.*—Unless the physician is on his guard, a dangerous form of typhoid fever may escape his observation, or be obscured by gastric derangement, and the patient may be lost before he is aware of the nature of the malady.

Functional derangements of the stomach are not accompanied with febrile excitement. But gastritis and typho-gastric are followed and preceded by fever. In the former, the fever follows as a result of the inflammatory process set up in the stomach, pain and tenderness being the first symptoms manifest to the patient; and after a longer or a shorter period, the fever is developed. In the latter, the fever is the primary symptom, and the gastric disturbance is secondary.

Nausea may be one of the earliest symptoms in the forming stage of typhoid fever; but tenderness and excessive vomiting are not experienced until the fever and temperature begin to rise.

Gastritis may generally be traced to some error in diet, or the act of swallowing some irritating substances: whereas, the history of the case, its gradual approach, with all the phenomena that accompany continued fevers, will point unerringly to typho-gastric.

General Debility simulates typhoid fever in its prostration of

the organic functions, but the pathognomonic symptoms of the latter are wanting in the former; and by gaining a correct history of the case, and tracing the debility to its source, there need be no error committed in diagnosis.

*Typhoid Condition.*—It has ever been a source of annoyance to the young practitioner to trace the boundaries which separate typhoid fever from a typhoid condition. But if the distinction be firmly fixed in the mind that the former is a primary disease, and that the latter is a secondary morbid state, there need be no difficulty on this point. A typhoid condition may supervene an attack of any disease; therefore, our first duty is to trace the case to its origin, weigh every symptom and see whether they belong to a primary disease or a secondary state. If the clinical history and symptoms of the case point to the former, then what is the character of the affection? is it a general or local trouble? This question can only be satisfactorily settled in proportion to our knowledge of the symptoms and peculiarity of those diseases, and our capability of weighing and sifting testimony.

As we take our seat by the bedside of the patient, the question often arises whether it is a case of typhoid fever, or is it a typhoid condition? If, in tracing the history of the affection, we find the symptoms and peculiarities of the former present, then we know that the case is one of typhoid fever. But if, on the other hand, the historical and most prominent symptoms of that disease are wanting, we infer that the morbid change is one of a typhoid condition, and is the result of some other malady, which must be diagnosed in accordance with the primary symptoms.

*Prognosis.*—The prognosis of this disease is generally favorable; a large majority of the cases recover with proper sanitary regulations. Yet it should be guarded against; for there is no case so favorable that it may not disappoint us. In the midst of convalescence, when all the symptoms point to a speedy recovery, some untoward occurrence often takes place, and the patient sinks in a few hours.

The unfavorable symptoms are an increased frequency and

feebleness of the pulse, a comatose condition of the patient, involuntary discharges, subsultus, contraction of the muscles around the mouth and nose, picking at the bed clothes or imaginary objects, slipping down in the bed, and a cold, clammy sweat; all point to a speedy dissolution of the patient.

The indications of a favorable issue and a speedy convalescence are, a diminution in the frequency of the pulse, a gradual fall in the morning and evening temperature, the skin becomes cooler, consciousness returns, the tongue begins to clean from the tip and edges, the secretions return to their normal condition, the tympanitic abdomen begins to subside, and there is a returning relish for food.

#### TREATMENT.

The treatment of typhoid fever has been, and is still, a subject of discussion. The four methods of treatment, or the therapeutics advocated by some of the older writers and physicians, and many of the present day, are venesection, brandy, emetics, and cathartics.

A moment's reflection will suffice to discard them all. And first, by bleeding, we draw off the very materials which we most need to sustain the patient, to build up the tissues, and to carry him safely through the future progress of the disease. Furthermore, it has been demonstrated that we cannot shorten the progress of the disease by venesection, but rather prolong the cure. I do not deny that bleeding has done good in typhoid fever of the sthenic grade, by checking the flow of blood to the parts, and thereby preventing or arresting inflammatory action. But I should not like to risk the prostrating effects of venesection, when we have a sure sedative in the *veratrum viride* and *gelsemium*; and especially as they do not exhaust the elementary properties of the tissues like bleeding.

There are many persons who advocate strongly the use of brandy or alcoholic stimulants, in typhoid and typhus fevers. But we have only to compare the pathological condition of the blood and vital forces in those diseases, and the physiological effects of alcohol, to show the impropriety of its use in those fevers.

Experimenters are agreed that the blood, in typhoid and typhus fevers, is imperfectly decarbonized; the fibrin is impaired in its coagulability; the functions of the nervous and muscular tissues are greatly depressed; susceptibility is increased; vital affinity is diminished; and the plasticity of the blood in a measure destroyed. Alcohol, while in the human system, diminishes the decarbonization of the blood; it retards the coagulability of the fibrin, produces an anæsthetic or depressing effect on the nervous centers, and diminishes organic changes (Davis).

The first or temporary effect of alcohol on the system is that of an arterial stimulant, and its secondary effect is that of a powerful sedative. All investigators agree that alcohol is not digested, when taken into the stomach, and cannot therefore act as food, but passes through the circulation, and is thrown out of the system as a foreign substance; not, however, until after it has left its fearful inroads upon the tissues and organic functions.

With this view of the subject, I discard almost entirely the use of alcoholic liquors in my practice, especially in low forms of disease; and I have never yet found occasion to regret it.

In a lecture of W. T. Gairdner, Professor in the University of Glasgow, he said that he did not object to the moderate use of alcoholic liquors in certain stages of typhoid and typhus fevers. But he condemned its indiscriminate use in such strong terms, and backed his opinion with such powerful reasons, as to convince any one that it is not only contraindicated, but that it is positively injurious in almost every stage. I quote from Braithwaite, Part 51, Page 22. He said:—

“To give wine, whiskey, or beef tea, while withholding milk, is simply, in my opinion, to destroy your patient; and the more wine or whiskey you give, while withholding milk, the more sure you will be to destroy your patient soon, because you are thereby superseding the natural appetite (or what remains of it) for a nourishing and wholesome diet, by a diet—if it can be so called—which so prisons the blood, and checks the secretions, and alters for the worse the whole tone of the nervous system, and of the digestion and assimilation. I believe that infinite

mischief has been done in typhus fever, and in all fevers, by giving wine, and withholding or not giving milk." And further along he remarks that "You must absolutely make up your mind to feed your patient naturally, and not to stimulate him."

Emetics and cathartics have their advocates in typhoid fever. The former sometimes do good by unloading the stomach of undigested food, or accumulating and irritating fluids. And they may do good by arousing the secreting organs to action, by the muscular contraction produced in the act of vomiting. But, upon the whole, they are uncalled for, from the fact that the appetite is impaired from the beginning of the disease, and by the time that the physician is called, the stomach contains but little food.

Cathartics should only be mentioned, to be condemned; and they have justly passed under the condemnation of all intelligent practitioners. One free catharsis may prolong the disease from one to two weeks, or it may kill the patient. I learned this lesson by sad experience. The first case of typhoid fever that I lost, occurred under the following circumstances: I had been closely watching the patient for ten days or more, to arrest the diarrhœa. I succeeded in checking it, and the patient seemed to be convalescing. The pulse was nearly normal, the temperature came down rapidly, and the patient had some relish for food. The friends became anxious about the bowels, and desired the patient to have a stool. I put them off by telling them that I would order an injection when it became necessary. But they were not satisfied; and at the end of thirty-six hours after the diarrhœa had been checked, they prevailed upon me to give her a dose of castor oil. After six hours, the oil operated mildly; in one hour more she went to stool again, and had a copious evacuation, containing fœtid blood. The motions became so frequent, thin, watery, and bloody, that I was sent for, fifteen hours after the oil had been taken (she lived six miles in the country, consequently I visited her but once a day). When I reached her bedside, I found her cold to the knees and elbows—the pulse was so quick that it could not be counted. She died, not directly of typhoid fever, but of catharsis, and

that, too, within twenty-four hours after the administration of the oil. A befitting epitaph would have been,—“Died by one table spoonful of castor oil.”

It may be said that the foetid blood was accumulating, and would have burst forth sooner or later. That may be true, but I am satisfied that a table spoonful of castor oil broke away the checks which I had placed upon the disease, and carried my patient into eternity. I would therefore urge upon the practitioner to be careful how he gives cathartics, in the typho-enteric variety of typhoid fever. If, however, we fear that there is any irritating matter in the stomach and bowels, at the beginning of our treatment, it will be well to give a mild laxative or an enema, followed, after its operation, by opium, so as to prevent excessive purgation.

One of the most important items to be observed in the treatment of typhoid fever, is the proper regulation and promotion of the hygienic agents, *viz.*: air, aliment, excretions, sleep, cleanliness, and affections of the mind.

Without pure air and a free ventilation, our best efforts in medication will prove abortive. In typhoid fever, the patient's apartment should be ventilated both night and day. It is not only necessary to have windows let down from the top, but a free draught of air should constantly be made to pass through the room, night and day, so as to carry out all the exhalations from the patient. It is not necessary that the draught should blow directly on the patient, nor is it always safe, except in warm weather; then the patient may not only lie in the draught, between two doors or windows with impunity, but with benefit. But if the weather be damp or cold, it will be best to screen the patient from the direct influence of the air, and kindle a little fire in his chamber.

Cleanliness is another important consideration in the treatment of typhoid fever. When the patient is feverish, and the skin is dry, his body should be sponged once a day, or oftener, with cold water, containing chlorate of potash; and the linen of his person and bedding should be changed every day. The excrements should be immediately removed from the room, and



the apartment purified, in addition to free ventilation, by some antiseptic. In a word, the patient's bed chamber should, if possible, smell as fresh and pleasant as a drawing-room. Only in this way can we hope for a quick and favorable action of our medicines, and a speedy convalescence of our patient.

The diet of a patient with typhoid fever is a subject of the highest importance, both in its character, mode of preparation, and its use. It must be nutritious, small in quantity, and un-irritating in quality. In all the varieties of this disease, the milk porridge is the best diet that can be given. It is nutritious, pleasant, and agreeable to the stomach. Rice boiled in milk is palatable and easy of digestion; but where we require an organic stimulant as well as nourishment, there is nothing equal to beef-essence, well salted. We get a large amount of nutriment in a small bulk of material. The best way to prepare the essence is to chop fine a piece of fresh tenderloin of beef, freed from fat, salt, and put into a bottle without water, cork loosely, set into a kettle of water so that the mouth is not covered, and boil until the beef is cooked tender. The fluid, as it collects in the bottle, should be poured off into some suitable receptacle, from time to time, so as to prevent the evaporation, during the process of preparation.

As convalescence progresses, soft boiled eggs may be allowed in moderation, but the patient's return to solid food must be gradual, and with great care.

The excretions, sleep, and affections of the mind, which are under the control of physiological laws and the will, and which are so conducive to health, are so morbidly affected in this disease, that the patient loses his power of regulating them; and the secretory, excretory, and nerve functions are so perverted, that remedial agents are necessary to assist nature in restoring the organs to their normal action.

The indications for treatment in this disease are: 1. To lessen febrile excitement and allay morbid heat. 2. Promote the excretions. 3. Antidote or neutralize the fever poison, and eliminate the effete matter from the system. 4. Overcome morbid susceptibility and irritability. 5. Arrest and heal local

lesion. 6. Increase the vital affinity and tonicity of the system.

The first indications may be fulfilled by fresh air, cold spongings, and sedatives, the best of which are veratrum viride and gelseminum. Secondly, the secretions are more readily promoted by alterative doses of calomel and Dover's powder. Thirdly, the best antidotes for the poison are the sulphite of lime and soda, chlorate of potash, and muriated tincture of iron. The effete materials may be eliminated through the kidneys, skin, and lungs, by diuresis, diaphoresis, and whatever promotes a free ingress of pure air into the lungs. The lung tissue absorbs the oxygen of the air, and imparts it to the blood, which in turn gives off its carbon and other impurities, and at each act of expiration, they are thrown out of the system. Fourthly, increased susceptibility and irritability may be overcome by nervous sedatives and anodynes, of which, some of the preparations of opium and chloroform are the best. Fifthly, to correct local inflammation and ulceration, we use anodynes, alteratives, local stimulants, and astringents. Sixthly, vital affinity and tonicity of the system are to be promoted by tonics and organic stimulants.

Having noticed the general principles to be observed in the treatment of typhoid fever, I now propose to take up the special treatment of its varieties, in the same order that I discussed their symptomatology.

*Treatment of Simple Typhoid Fever.*—First then, the treatment of simple typhoid fever must be adopted in accordance with the severity of its symptoms. If it is of the sthenic grade, we may begin by giving the following sedative mixture:

R.	Etherus spiritus nitrici, -----	℥iss.
	Opii tinctura camphorata, -----	℥ss.
	Tinct. veratri viridis, -----	℥ss.

Mix, and give a teaspoonful every four hours, until the fever abates. As an alterative, give one grain of calomel and five grains of Dover's powder three times a day. We continue this treatment until the secretions are promoted, and the skin becomes cool and moist. Calomel should never be given so as to affect the mouth, in typhoid fever; therefore, as soon as the



tongue becomes moist, and the secretions are established, dis-  
pense with it. Then put the patient on the use of thirty grains  
of sulphite of lime or soda, and one-sixth of a grain of sulphate  
of morphine, three times a day. If the bowels are very loose, it  
will be best to use the lime, but if they are not, the soda may  
be given.

While the head and body are hot and dry, sponge the former  
frequently with cold water, containing chlorate of potash, and  
the latter twice a day. His linen should be changed once a  
day, and, if the weather is warm, open the doors and windows,  
and leave them open night and day. If the weather is cold,  
cover the patient up warm, keep fire in the room, and ventilate  
it freely.

If the bowels become costive, a table spoonful of castor oil  
may be given, containing ten drops each of spirits of turpentine  
and laudanum. Directions should always be given to have the  
bowels checked after the first stool, by opium or otherwise, for  
running of the bowels may convert the simple type of fever into  
the typho-enteric, and thereby increase the danger of the pa-  
tient.

The drinks of the patient should be cold. Ice or ice-water,  
lemonade, and the effervescing draught are refreshing, and may  
be taken *ad libitum*. The latter is especially beneficial, if there  
is nausea, and the skin is hot and dry.

*Asthenic Grade.*—If the pulse is quick and feeble, with a  
general depression, we do not give the sedative mixture, but we  
give the spirit mindereri, and the alterative. We continue the  
calomel and Dover's powder, as before, until the secretions are  
established. We then discontinue the alterative, and give the  
one-sixth of a grain of morphine, and ten grains of chlorate of  
potash, three times a day, alternated with thirty grains of the  
sulphites.

*Diet, &c.*—In the treatment of typhoid fever, there is prob-  
ably nothing of more importance than the proper regulation of  
the patient's diet, and a free ventilation of the sick chamber.  
The patient must be sustained by nourishment and tonics, in  
order to enable the constitution to combat the ravages of the  
disease. Animal broths, well salted, and milk are to be used

freely. Milk porridge is the very best diet that can be given in this and all other low forms of fever.

As tonics, the mineral acids, tincture of prickly ash, and quinine in small doses, are the best. The utmost care must be taken both as to exercise, and a return to solid food. Many persons have passed through a long and tedious attack of typhoid fever, and finally brought on a relapse and died, from overloading the stomach with solid food.

*Treatment of Typho-Enteric.*—The treatment of this variety must be conducted upon the same general principles as that of simple typhoid fever, for the former is only a higher grade of the latter, or it has a more local character. Therefore our especial attention must be directed to the pathological condition of that portion of the ilium occupied by Peyer's patches. Our first effort should be to check ulceration of the intestines, and thereby prevent death by perforation. In order to accomplish this, we must arrest the morbid secretion and action of the bowels; for the constant passing of acrid secretions over the inflamed mucous membrane of the intestines, increases the inflammation, and hastens ulceration. By far the best agent now at our command is the turpentine emulsion, made as follows:

R <sub>x</sub> .	Oleum, Terebinth,	-----	3ij.
	Pulvis Acacia, }		
	Sacchar. Alba, }	āā, -----	3iij.
	Aqua Mentha,	-----	3ij.
	Tinct. Opii,	-----	3ij.

Mix, and give a teaspoonful every two to four hours, until the bowels are checked; then lengthen out the dose to intervals of every six or eight hours, until tenderness has subsided. We give the turpentine emulsion in the early stage, not only to arrest the diarrhœa, but it is an invaluable remedy in the ulcerative stages of Peyer's glands. The turpentine penetrates the ulcerated surfaces, corrects the morbid action, stimulates the tissues, and sets up the healing process. The tincture of opium is beneficial in arresting the peristaltic movements of the bowels, and allaying morbid irritability and susceptibility of the parts; and by its power of arresting secretion it promotes resolution.

At the same time that our attention is directed to the bowels,

the general circulation must be watched; and if there is high arterial action, the sedative mixture, containing veratrum, must be given as before directed. But if the asthenic grade be present then the effervescing draught, or the spirit mindereri, should be given. And in either case, the alterative of calomel and Dover's powder must be given, until the tongue becomes moist, and the portal circulation is unlocked.

If the turpentine emulsion fails to check the ulcerative process, or disagrees with the patient, then, probably the next best agent that can be given is carbolic acid; from two to four drops may be administered in a teaspoonful of glycerine or olive oil, every four to six hours. I have no doubt that if we could apply carbolic acid directly to the ilium, it would arrest the ulcerative process immediately, and we would have but few if any more deaths from perforation of the intestines. It not only proves beneficial by its local effects, but when taken into the system, it acts as an antiseptic, and thereby counteracts the prostrating influence of the fever poison on the organic functions.

Owing to the idiosyncrasy, or whims of the patient, he cannot, or will not take our remedies; we must then substitute others in their place that may be more agreeable. I have found one or two grains of acetate of lead, and the sixth of a grain of morphine, given every four to six hours, to act promptly and with satisfactory results.

In this form of typhoid fever there is often a profuse and dangerous hemorrhage from the bowels, which, if not arrested speedily, may prove fatal in a few hours. An injection of half a drachm of Monsell's solution of persulphate of iron, in two ounces of water, is probably the most speedy remedy we have to check the morbid discharge. At the same time that we are using the enema, we may give the acetate of lead and opium by the mouth. If, after thirty-six hours, there has been no evacuation from the bowels, we must give an enema of half a pint of warm water, containing a table spoonful of salt. It will not be safe to give a cathartic, for that would start the bowels to running off again. In this form of the disease, where opium is so beneficial, and is required to be given so freely, the renal func-

tions must be closely watched; and if the urine is scanty, some diuretic must be given at such intervals as to promote its flow.

*Treatment of Typho-Cerebral.*—The treatment of typhoid fever of the cerebral type must be conducted on the same general plan that has been already indicated. But our attention must be early directed to the delirium or head symptoms; for without sleep the patient will die, and that speedily. I have found nothing so beneficial in controlling the delirium, and promoting sleep, as the following:—

R.	Chloroform, -----	5ij.
	Pulvis Acacia, } -----	
	Saccha Alba, } āā, -----	5iij.
	T. Opii Deodor, -----	5ij.
	Bromide Potassa, -----	5iv.
	Aqua Mentha, -----	5ij.

Mix, and give a teaspoonful every two hours, until he is quiet.

The alterative and sedative must be given with the same restrictions as in the other cases. If the head is hot, it may be frequently bathed with cold water. If the bowels do not move regularly, the enema of warm water and salt may be used from time to time.

*Treatment of Typho-Gastric.*—The treatment of this type or complication requires a good deal of judgment, both as to the selection and use of remedies. Our first object must be to quiet the gastric irritation. To accomplish this, we give one grain of calomel, four grains of bicarbonate of soda, and one-sixth of a grain of morphine, every four hours, until the stomach is quiet. At the same time I give twenty grains of sulphite of soda, three or four times a day. I give this to arrest the fermentative process set up in the stomach by the typhoid poison.

If the above fails to correct the gastric disturbance in a reasonable time, we may combine two grains of acetate of lead, with the morphine, and leave out the calomel and bicarbonate of soda.

If the gastric irritation is not soon removed by the foregoing plan of treatment, or if the medicine is rejected by the stomach, then we may use the hypodermic injection, of the one-twelfth to the one-fourth of a grain of morphine; or we may blister the

epigastric region, and sprinkle the denuded surface with morphine.

The diet should only consist of a few spoonfuls of milk porridge or ice cream. If the stomach is very irritable, it would probably be better not to give anything by the mouth except the medicines; and allow the patient to swallow small pieces of ice, if he is thirsty. It will be better to nourish the system by means of beef essence. One or two ounces may be thrown into the rectum, every four to six hours, and if it does not readily stay by the patient, a few drops of laudanum may be added to each dose.

A great deal of care is to be taken during convalescence; for there are probably more relapses in this variety than any of the others. Therefore, the patient should be restricted to a nutritious but unirritating diet, for a long time, until the digestive organs regain their tone.

*Treatment of Typhoid-Pneumonia.*—The treatment of this complication differs only from that of simple typhoid, in our efforts to overcome the pathological condition of the lungs. In order to meet this indication, we may give the following powders:—

R. Hydrarg Chlor. Mite., ----- gr. v.  
 Pulvis Opii, ----- gr. v.  
 Sanguinaria, ----- gr. iij.

M. Fiant, chart vi. Give one every four hours, alternated with the following sedative cough mixture:—

R. Syr. Scillæ Comp., ----- ʒj.  
 Tinct. Sanguinaria, ----- ʒj.  
 Camph. Tinct. Opii, ----- ʒj.  
 Tinct. Veratrum Viride, ----- ʒj.

Mix, and give a teaspoonful every four hours, until the fever abates, and the cough becomes loose. If the pulse is slow and feeble, we must leave out the veratrum, and continue the expectorant. The powders may be continued for twenty-four hours, or dispensed with sooner, if the tongue becomes moist. If the pain and breathing are troublesome, we may cup or leech the affected side, and cover the chest with raw onions, reduced to a pulp. This is by far the best external application that I have

ever seen used in pneumonia—especially in children. I am not prepared to say what the physiological effects of onions are, or how they act therapeutically, but from my observation of their speedy action, I am inclined to believe that their oil contains anodyne, antispasmodic, and expectorant properties. For in a few hours after the application of raw onions to the chest, pain is often relieved; the quick and laborious breathing gives place to a quiet and refreshing sleep, and expectoration becomes easy.

If the patient is not better at the end of forty-eight hours, it may be well to apply a blister over the inflamed lung. Some have been deterred from the use of blisters, in this disease; but clinical experience has shown that there is but little trouble to be apprehended from their use, in this affection. I am, however, not a strong advocate for blisters; but, nevertheless I have seen some happy effects from their application.

If the fever assumes a low grade, with congestion of the capillaries, and a blueish tinge of the lips, we must then leave out the *veratrum viride*, continue the expectorant, and give the following as an organic stimulant, and to decarbonize the blood:—

Ry.	Potass Chloras,	-----	℥ijss.
	Acacia,	} āā,	----- ℥ij.
	Saccha Alba,		
	Aqua Mentha,	-----	℥ij.
	Chloroform,	-----	℥ij.

Mix, and give a teaspoonful every one, two, or four hours, owing to the urgency of the symptoms.

The chlorate of potash proves beneficial, by increasing the oxygen of the system, and thereby acts as an organic stimulant, arousing the organic functions to a healthy action. It is one of the best oxygenators of the blood that we have; and it should always be given in low forms of disease, where carbon is in excess in the system. Chloroform has a similar action, but it is more especially useful in quieting nervous irritation, allaying pain, and inducing sleep.

If the bowels should become moderately bound, and the tongue is dry and brown, two grains of calomel and five grains of Dover's powder may be given at bedtime, followed in the

morning with one tablespoonful of castor oil, containing ten drops each of laudanum and spirits of turpentine. Purgation must be moderate, and the bowels closely watched, as in the other varieties.

If the fever be remittent, as is sometimes the case, two grains of quinine, and one grain each of opium and blood-root, given every four hours, will be the best treatment that can be adopted.

After the inflammation of the lungs has been arrested, and the patient begins to expectorate, we may discontinue the former expectorant, and give a tablespoonful, three or four times a day, of the infusion of half an ounce each of senega and asclepias tuberosa, to a pint of hot water.

The diet and tonics must be given during convalescence, as directed in simple typhoid.

*Treatment of Typho-Malarial Fever.*—Typhoid fever of a malarial type is sometimes a most difficult disease to treat, owing to the variable character of its symptoms. At one visit we find our patient sweating profusely, with symptoms pointing to a remittent fever; when we examine the pulse, we generally find it ranging from 120 to 140 per minute; and at our next visit we find all the indications of a continued fever. The diarrhoea, tympanitic bowels, dry skin, and hebetude of mind is an evidence that a typhoid poison is at work in the system. So the conflict seems to be between the morbid agent of typhoid fever on the one hand, and marsh malaria on the other, as to which shall gain complete possession of the system. For this reason, the case is somewhat troublesome to manage. If we treat it simply as a case of typhoid fever, we will certainly fail to cure the patient, or the disease will be greatly prolonged. For antiperiodics are to a certain extent demanded. And then, again, if we treat it as a case of remittent fever, with full doses of antiperiodics, it may be hazardous to our patient. We must, therefore, make a compromise, and select our treatment with some modification from that which is separately recommended for each disease.

As the gastric and portal systems are deranged, in this disease, our first object will be to correct them; and in order to



accomplish this, we may give one grain of calomel, and four grains of Dover's powder, every four to six hours, until the tongue becomes moist, or gives evidence that the portal system is unlocked. If the stomach rejects the Dover's powder, we may substitute the one-sixth of a grain of morphine, for each dose.

After the secretions shall have been promoted, and the copious sweating comes on, we then discontinue the alterative, and give two grains of quinine, ten grains of chlorate of potash, and the eighth of a grain of morphine, every six hours, alternated with twenty grains of the sulphite of soda. Experience has demonstrated the fact that the latter is as efficacious in intermittent and remittent fevers, as it is in the aplastic diathesis. Therefore, the sulphites are eminently successful in typho-malarial fever.

Hiccough, which is so troublesome in this form of typhoid fever, is best treated with twenty drops of chloroform, and twenty grains of bromide of potash, rubbed up in a tablespoonful of syrup of acacia, and given at such intervals as to arrest the trouble.

The same precautions as to ventilation, diet, and the regulation of the bowels, must be observed in this, as in the other varieties. The diarrhœa must be checked by the turpentine emulsion; and the delirium can be combated with the chloroform mixture, as before mentioned. For a tonic and anti-peri-odic, I have found the following very useful, *viz.* :—

R. Tinct. Cinchonia, -----	℥j.
Syr. Aurantii, -----	℥j.
Salicine, -----	℥j.
Arom. Sulph. Acid, -----	℥ij.

Mix, and give a teaspoonful at each meal-time, and at bedtime.

In the treatment of all the grades of typhoid fever, our object should be to prevent or heal lesions, antidote the fever poison, remove the effete matter from the system, and promote the normal secretions; and then withdraw all medication except tonics, and husband the patient's strength by nutritious diet, ventilation, and cleanliness.



## Proceedings of Societies.

### MEDICAL COLLEGE CONVENTION.

The Delegates from Medical Colleges assembled in the Lecture-room of the Georgetown Medical College, corner of 10th and E. Streets, Washington, D.C., on the morning of April 20th, 1870; and were called to order at 11½ o'clock A.M., by Prof. N. S. Davis, of Chicago. Prof. S. D. Gross was elected temporary Chairman, and N. S. Davis Secretary.

On motion of Prof. S. M. Bemis, the Chair was requested to appoint a Committee of three to verify the credentials and make a list of members. The Chair appointed Professors S. M. Bemis, J. S. Moore, and A. Stille such Committee.

Prof. Bemis, in behalf of the Committee, reported the following list of Delegates, with the names of the Institutions they represent, *viz.*:—

INSTITUTIONS REPRESENTED.	NAMES OF DELEGATES.
N. O. School of Medicine,	Prof. Sam'l Logan.
Howard University of D.C.,	" Robert Reyburn.
" " "	" Silas L. Loomis.
University of South Carolina,	" A. N. Talley.
" " "	" John T. Darby.
Detroit Medical College,	" E. W. Jenks.
Missouri Medical College,	" J. S. Moore.
Chicago Medical College,	" N. S. Davis.
Med. Depart. Georgetown Col'ge,	" J. H. Thompson.
" " " "	" C. C. Cox.
Med. Depart. Williamette Uni'ty,	" Horace Carpenter.
University of Louisiana,	" S. M. Bemis.
Jefferson Medical College,	" S. D. Gross.
University of Pennsylvania,	" F. G. Smith.
" " "	" Alfred Stille.
St. Louis Medical College,	" J. B. Johnson.
Wash. University, Baltimore, Md.,	" Chas. W. Chancellor.
University of Louisville,	" David W. Yandell.

On motion, the report of the Committee was accepted. A motion was then adopted, requesting the Chairman to appoint a Committee of five to nominate permanent officers of the Convention; and Professors C. C. Cox, F. G. Smith, D. W. Yandell, Sam'l Logan, and N. S. Davis were appointed such Committee.

The Convention then took a recess of fifteen minutes, to allow the Committee time for consultation. When the Convention was again called to order, Prof. Cox, Chairman of Committee on Nomination, responded as follows: President, Prof. S. D. Gross, of the Jefferson Medical College, Philadelphia; Vice-President, Prof. David W. Yandell, of the University of Louisville, Ky.; Secretary, Prof. N. S. Davis, of the Chicago Medical College, Ill.

On motion, the report of the Committee was accepted, and the nominations unanimously confirmed. Prof. Gross cordially thanked the Convention for the honor conferred on him, and expressed a deep interest in the accomplishment of the objects for which the Convention had assembled.

The proceedings of the previous Convention, held in Cincinnati, May 3d, 1867, being called for, Prof. Davis, Chairman of the Committee appointed by that Convention, presented and read a report, stating fully the result of the deliberations of the previous Convention, and the subsequent action of the Colleges in relation thereto, as follows:—

The first attempt to procure concert of action in the work of improving the system of Medical College instruction in this country, by a Convention of Delegates from Colleges alone, was made on Monday, preceding the meeting of the American Medical Association, in Louisville, in May, 1859, and was followed by a similar meeting, the day preceding the assembling of the Association, in New Haven, in June, 1860. Less than a majority of the Medical Colleges in the country were represented in both of those meetings, and no attempt was made to effect any considerable changes in the methods of instruction. Circumstances beyond the control of the medical profession, prevented any further action in this direction, until the Ameri-

can Medical Association, during its session in Baltimore, in May, 1866, adopted a resolution, earnestly requesting the Medical Colleges of the whole country to hold a Convention of Delegates from their own faculties, and thoroughly revise our whole system of medical college instruction; and appointed a Committee to aid in carrying the resolution into effect. It was in response to a circular issued by that Committee that a Convention of Delegates from Medical Colleges assembled in Cincinnati, May 3d, 1867. Delegates were present from eighteen Medical Colleges, constituting little more than half the number then existing, and in active operation in the United States, and including several of the oldest and most influential character. Prof. A. Stille, of the University of Pennsylvania, presided, and Prof. G. C. E. Weber, of Charity Hospital Medical College, acted as Secretary. After three days spent in candid and full discussion of the whole subject, the following propositions were adopted by nearly an unanimous vote, namely:

*(See Circular Letter on next page.)*

Having thus agreed upon a thorough revision of our whole system of Medical College instruction, the Convention adopted the following resolution, viz.:

*Resolved*, That a Committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by the Convention to the Trustees and Faculties of all the Medical Colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same Committee be authorized to call another Convention, whenever deemed advisable.

In obedience to this resolution, the President appointed N. S. Davis, of Chicago; S. D. Gross, of Philadelphia; F. Donaldson, of Baltimore; Alden Marsh, of Albany; and Geo. C. Blackman, of Cincinnati, to constitute said Committee.

As soon after the adjournment of the Convention as practicable, the Committee, in obedience to the foregoing resolution, prepared the following circular letter, and sent copies of the same to the Trustees and Faculties of every regular Medical

College in the United States, the existence of which was known to the Committee at that time. The letter is as follows:

TO MEDICAL COLLEGES.

At the Convention of Delegates from Medical Colleges, called for the purpose of revising the system of Medical College instruction in this country, and which convened in Cincinnati, May 3d, 1870, the following resolution was unanimously adopted:—

“RESOLVED, That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by this Convention, to the Trustees and Faculties of all the Medical Colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same committee be authorized to call another convention whenever deemed advisable.”

The undersigned Committee, appointed for the purpose of carrying into effect the instructions contained in the foregoing resolution, respectfully invite the attention of the Trustees and Faculty of ————— to the five following propositions, which, after mature deliberation, were adopted by the said Convention with entire unanimity:—

“RESOLVED, 1st. That every student applying for matriculation in a Medical College shall be required to show, either by satisfactory certificate, or by direct examination by a committee of the Faculty, that he possesses a knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession: and that the certificate presented, or the result of the examination thus required, be regularly filed as a part of the records of each Medical College.

2d. That every medical student shall be required to study four full years, including three regular annual courses of Medical College instruction, before being admitted to an examination for the degree of Doctor of Medicine.

3d. That the minimum duration of a regular annual lecture term, or course of Medical College instruction, shall be six calendar months.

4th. That every Medical College shall embrace in its Curriculum the following branches, to be taught by not less than nine Professors, viz.:—Descriptive Anatomy, including dissections; Physiology and Histology; Inorganic Chemistry; *Materia Medica*; Organic Chemistry and Toxicology; General Pathology, Therapeutics, Pathological Anatomy, and Public Hygiene; Surgical Anatomy and operations of Surgery; Medical Jurisprudence and Medical Ethics; Practice of Medicine; Practice of Surgery; Obstetrics, and Diseases

of Women and Children ; Clinical Medicine and Clinical Surgery ; and that these several branches shall be divided into three groups or series, corresponding with the three courses of Medical College instruction required.

The first, or Freshman series, shall embrace Descriptive Anatomy and Practical Dissections ; Physiology and Histology ; Inorganic Chemistry and *Materia Medica*. To these the attention of the student shall be mainly restricted during his first course of Medical College instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

The second, or Junior series, shall embrace Organic Chemistry and Toxicology ; General Pathology, Pathological Anatomy, Therapeutics, and Public Hygiene ; Surgical Anatomy and operations of Surgery ; Medical Jurisprudence and Medical Ethics. To these the attention of the medical student shall be directed during his second course of Medical College instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

The third, or Senior series, shall embrace Practical Medicine ; Practical Surgery ; Obstetrics and Diseases peculiar to Women and Children ; with Clinical Medicine and Clinical Surgery in a hospital. These shall occupy the attention of the student during his third course of College instruction, and at its close he shall be eligible to a general examination for the degree of Doctor of Medicine.

The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual College term ; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the sophomore, junior and senior classes, each pursue their studies simultaneously throughout the Collegiate year in all our Literary Colleges.

5th. That every Medical College should immediately adopt some effectual method of ascertaining the actual attendance of students, upon its lectures and other exercises, and at the close of each session, or of the attendance of the subject, a certificate specifying the time and the courses of instruction actually attended, should be given, and such certificates only should be received by other Colleges as evidence of such attendance."

It will be seen that these propositions are designed to introduce into the system of Medical College instruction in this country, four changes of great practical importance, namely:—1st. A positive standard of preliminary education. 2d. A longer time in which to acquire a knowledge of the various branches of Medical Science and practice. 3d. A systematic and successive order of studies for the student. 4th. A certain amount of direct Clinical instruction in a public Hospital as a part of the senior course. The desirable-

ness of these changes is too apparent to require either argument or illustration. The plan for accomplishing them, adopted by the Convention, as expressed in the foregoing propositions, is simple and easy of execution, provided the several Colleges will act in concert.

It requires each College to obtain and place on record sufficient evidence that every student admitted to matriculation possesses a certain amount of preliminary education. It requires attendance and pay for three annual courses of College instruction, as a condition for graduation; and arranges the whole curriculum of the College into three corresponding series of branches, so that each student can limit his attention to one series each year, thereby laying a foundation and building on it a superstructure in their natural order.

It contemplates such an increase in the number of members of each College Faculty, that four lectures per day can be given to each of the three classes in attendance, throughout the whole College term of six months. This would afford a very full course of instruction in each of the three series of branches, and yet give to the members of each class time fully to digest the instruction received. This would make it necessary during a part of each day that lectures should be given at the same hours to different classes. But as all Medical Colleges contain two, and some of them three Lecture rooms, this would be attended by no inconvenience to the Faculty or students. The only valid objection which has been suggested by those connected with the Medical Colleges is, that the increase in the number of each College Faculty required by the proposed plan, would necessitate a corresponding greater division in the income of each College, and thereby seriously reduce the amount received by any one member. If it is remembered, however, that while the plan requires a moderate addition to the number of members in the Faculties of most of the Colleges, it also requires each student to attend and pay full fees for three courses of instruction instead of two, it will be seen that the revenues of each College derived from Lecture fees, will be increased in full proportion to the increase of the Faculty. As most of the Colleges have allowed each member of the Faculty to sell his ticket to the class and retain the proceeds as his individual compensation, it has been thought that the proposed division of the students, attending any given College, into three distinct classes, and assigning to each a distinct

series of branches, would limit the sale of the tickets of any one Professor to the special class receiving instruction in his department; and consequently would restrict his income in proportion to the restricted number of tickets sold.

This is simply a misapprehension. The Convention took no action regarding the rate of lecture fees in any of the Colleges; but the plan proposed was founded on the expectation that each student would pay the same aggregate fees annually, as under the old plan. For instance, a student attending the first course, and taking out the four tickets of the Freshmen series, would pay the same amount for the four that he now pays for the seven or eight that cover the curriculum in most of the Colleges at this time. Hence, although each member of the Faculty would sell a smaller number of tickets, the income from them would be nearly the same. Or each College could have all lectures free, from the several divisions of the class, paid to a common treasurer, and each member of the Faculty allowed to draw on such treasurer for his proportion of the same.

The fourth section or proposition adopted by the Convention was not designed to fix the titles to Professorships in the Colleges, but simply to designate what was deemed necessary to constitute a proper Medical College Curriculum, and to determine what part of the Curriculum should be included in each of the three series of studies. Uniformity among the Colleges in regard to this division into series, is very desirable, in order to enable students, if they choose, to attend one series of studies in one College and another series in another, without confusion.

To obviate embarrassment in making the change from the present system of College instruction to the one proposed, we would suggest that all students who should have so nearly completed their period of study at the time fixed for making the change, than an attendance on a single additional course of Lectures would render them eligible to graduation, should be allowed to complete their course by attending the senior department under the new arrangement; while all who are in the first half of their period of study, should be subject to the new arrangement in full.

That the interests of medical science, the honor of the profession, and the welfare of the people, urgently require important improvements in our system of medical education and Medical College instruction, is apparent to all. The public sentiment of the profession, as expressed through the National, State, and local Societies,



and through the leading medical periodicals, cordially sanctions the plan here proposed. We, therefore, respectfully ask you to give it a full consideration, and return to the Chairman of the undersigned committee answers to the following questions:—

1st. Do your Faculty, together with the governing authority of your College, approve of the several propositions as a whole?

2d. If you do not approve of the plan of revision as a whole, what changes would you suggest?

3d. If you approve of the plan as a whole, or of all its essential features, will your College be ready to adopt it practically, and issue your annual announcement for the College term of 1868-9, in accordance therewith; provided all the principal Medical Colleges in this country (or, at least, those in the cities of Boston, New York, Philadelphia, Baltimore, Richmond, Charleston, New Orleans, Louisville, Cincinnati, St. Louis, Chicago, Buffalo, and Albany) will agree to do the same at the same time?

The great desideratum is to secure both harmony and concert of action on the part of the Medical Colleges, in the adoption of such measures as will at once place the system of medical education in this country on such a basis as the extent of the science and the responsibilities of its practical application in the prevention and treatment of diseases require.

N. S. DAVIS,	}	Committee.
S. D. GROSS,		
GEO. C. BLACKMAN,		
F. DONALDSON,		

CHICAGO, August 1, 1867.

To remedy the effects of having accidentally omitted any Schools, the same letter was published in most of the medical periodicals at the same time. To the circular letter thus addressed and its plain questions, official answers were received from the Faculties of only ten Medical Colleges, while the number then in active operation was over thirty.

The ten replies mentioned were from the Medical Department of Harvard University; the Medical Department of Yale College; the Jefferson Medical College; Medical Department University of Michigan; Miami Medical College, Cincinnati; Medical College of the State of South Carolina, Charleston; Humboldt Medical College, St. Louis; Talland Medical Col-

lege, San Francisco; Med. Depart. of Willamette University, Salem, Oregon; and the Chicago Medical College, now Medical Depart. of the North-Western University. As none of these replies are lengthy, we submit them in full, in the order mentioned.

BOSTON, *Sept. 23, 1867.*

MY DEAR SIR:—The circular to Medical Colleges, addressed by the Committee, was received and submitted to the Faculty. It was discussed pretty freely, but as the propositions cannot be adopted and carried out now as a whole, it was voted to postpone the further consideration of the subject. With regard, truly yours,

GEO. C. SHATTUCK.

MEDICAL INSTITUTION OF YALE COLLEGE.

NEW HAVEN, *April 6, 1868.*

N. S. DAVIS, M.D., *Chairman of Committee of Med. Teachers' Convention.*

*Dear Sir:*—The circular issued by your Committee, presenting to the Faculty of the College the several propositions adopted by the Convention of Medical Teachers held last year, and soliciting definite action thereon, to the end that they may be simultaneously and practically adopted throughout the whole country, has been fully considered by the Faculty; and the undersigned have been directed to transmit to your Committee the following reply:

In doing so, however, we cannot neglect this opportunity of expressing, both for our colleagues and ourselves, our active sympathy with every well-considered movement, having for its object the improvement of the profession; and particularly the elevation of the standard of education, both general and professional, which is necessary to secure admission to its ranks; and our high appreciation of the efforts of the gentlemen engaged in the recently renewed attempt to attain that object—for it is a work that this College, ever since its formation, has been actually engaged in. The relations which this Institution sustain to the Connecticut Medical Society, by which it was originated, and to the State Legislature, by which it was chartered, and made one of the Departments of Yale College are such, that

any radical change in its plans of instruction cannot be suddenly or easily effected. This is not the first occasion on which this College has been solicited to change entirely its *curriculum* of study, as well as the prerequisites for graduation.

More than forty years ago, as doubtless your Committee are aware, the Connecticut Medical Society sent representatives to a Convention of Delegates, from Medical Societies and Colleges, held at Northampton, pursuant to a call issued by the Medical Society of Vermont, for the purpose of devising plans for elevating the character of medical education.

After discussing the various subjects which had been suggested by the circular of the Vermont Society, and such as were proposed by members of the Convention, certain regulations (twelve in number) were adopted, together with by-laws and resolves, providing for making known to the several Medical Colleges and Societies of the United States the results of their deliberations,—offer their ratification of them.

As your Committee are doubtless familiar with the proceedings of the Convention, it is unnecessary to do more than to allude to the very clear and forcible presentation of the arguments by which their propositions were enforced, or to enter into a detailed statement of the changes proposed, further than to mention that “each candidate for a license to practice, or for the degree of Doctor of Medicine, was required to present satisfactory evidence that he had received from some respectable College the degree of Bachelor of Arts; or that *previous to the commencement* of his professional studies he had acquired a good English education; and such knowledge of the Latin language as to enable him to read with facility the *Æneid* of Virgil and the select Orations of Cicero; and that he had also obtained a good acquaintance with the principles of Geometry and Natural Philosophy.” Such students as were regular graduates of Colleges, were required to study for *three* years, and attend two courses of public lectures—those who were not graduates of Colleges, were required to study *four* years.

The records of the Connecticut Medical Society show that it adopted unanimously the recommendations of the Convention;

and entering at once and heartily into the movement, to advance the standard of medical education, it procured, at some trouble, the necessary alterations of the laws of the State, and the charter of the Medical College, so as to conform them to the new system. The Faculty earnestly seconded these efforts, and their action was made to conform to the standard demanded by the Northampton Convention, in 1827.

The new system was faithfully pursued by this College for three consecutive years, and until it became evident that the solemn compact was no longer regarded by the other Medical Colleges represented in the Convention, or who had subsequently signed the agreement. One after another they refused to be bound by their own regulations, until finally this Institution, according to the traditions of the fathers, found itself standing alone—"faithful among the faithless,"—in the combined effort to advance the true interests of medical education in the United States.

Seeing that the students were attracted away to other institutions, which practically ignored the new regulations to which they had all pledged themselves, and finding that a longer perseverance in the extended course of instruction would not only injure the Institution, but would fail to be of any benefit to the cause of medical education, the Connecticut Medical Society, in 1832, voted "that the Committee on the term of study report to the General Assembly a bill, in due form, for a public Act, to alter the term of study, making the time required the same as by the law in force previous to the Convention, in 1827." The bill, as presented, became a law the same year, and the *term of study* in this Institution has remained until the present time unchanged.

In regard to the *third* question of the circular, then, we have decided to answer in the negative.

In reply to the *second* question, we are convinced that although the propositions of the Committee are in themselves unobjectionable, they are inadequate as a remedy for the great evils of the present system of education.

The great salient evils of this system are, in our opinion,

1st. The almost total absence of *adequate preparatory education* in the young men who enroll themselves as students of medicine.

2nd. The fact that the greater portion of these receive no instruction whatever worthy of the name, nor indeed accomplish *any systematic study*, in the proper sense of that term, *before* they listen to public lectures—if they ever do.

3rd. Too great prominence is already given to public lectures, and too little to *daily text-book recitations*.

And the student who comes fresh from the plough and the work-bench, with only the preparatory education which the district school affords, or the shrewdness acquired in some business pursuit, receives his degree after the same term of study as is required of the most thoroughly disciplined graduate of a University.

Such a palpably gross evil as this requires no comment. In order to remedy, so far as its influence could reach, the *first* evil enumerated, the Connecticut Medical Society, many years ago, resolved, in substance, that hereafter no young man should be received into the office of any of its members, as a student of medicine, until he had passed a satisfactory examination, by his instructor and a Fellow of the Society, in the leading branches of English education; also in the Greek and Latin languages—in effect, very nearly the examination that was then required for admission to the Freshman Class in Yale College. This was placing the standard so far above the demands of the public—of the other Medical Colleges, and even of the profession generally, that the law soon became imperative, and so continues, although we hope it will yet be revived.

*Third.*—The system of teaching medicine by daily text-book recitations and familiar lectures, through a large part of the year, which is in operation in Yale College, in addition to the course of public lectures and Hospital facilities, we believe to be the only proper one. No student should be graduated *anywhere*, unless his studies have been faithfully and systematically pursued, under circumstances that insure the full occupation of his time, to the exclusion of all other business, and under the

direction of a competent teacher. If a student thus educated can only be admitted to graduation after three years of constant application, *when* ought those to graduate, who read medicine as the majority do, without recitations of any kind, and with only nominal instruction?

It is not an extension of the lecture term to six months, nor yet a great multiplication of the subjects of study, that can diminish, much less remove the great evils that we all feel do exist. The only change that can reach them is the absolute requirement of greater preparatory knowledge; and the adoption of the mode of daily teaching in classes, in public institutions, instead of the loose and indefinite one that now so universally prevails in the offices of physicians.

As evidence, if any were needed, of our desire to advance as far as practicable, the standard of medical education, we will mention the fact already known to your Committee that we have it in contemplation, at no distant day, to perfect plans already in process of completion, by which the Medical Sciences will be taught here as the other Sciences are taught, to graded classes, by daily text-book recitations and lectures, throughout the Academic year. In a democratic country like ours, where educational interests are in no sense fostered or controlled by a central government, and where the quality of education, as of other things, is regulated by the public demands, the attempt to bring all Medical Colleges to adopt the same greatly advanced and prolonged course of study, and to compel all students to come up to that standard, *before the public mind is sufficiently educated to appreciate and demand it*, is in our judgment premature, and not likely to prove successful.

While for these and other reasons the Faculty deem it inexpedient to adopt at present the recommendations of the Convention, they will be prepared to give them a favorable consideration, and to adopt them, so far as our circumstances will allow, *whenever they are adopted and faithfully adhered to as the uniform and settled practice of the leading Medical Colleges of this country.*

Appreciating fully your zeal and devotion in the cause of

medical education, which we ourselves have so much at heart, and hoping to see the day when our ideal in this regard may be realized, we are, with great respect and esteem, respectfully yours,

S. G. HUBBARD, M.D., }  
M. C. WHITE, M.D., } *Committee of Faculty.*

ST. LOUIS, Mo., *April 11th, 1868.*

N. S. DAVIS, M.D., *Chairman of Committee on Med. College Instruction.*

SIR:—At a meeting of the Faculty of the Humboldt Medical College, of this city, held on the 9th inst., the Secretary was requested to notify you of their approbation of, and their acquiescence in, the plan to change the system of Medical College instruction, and their readiness for its early practical adoption. However, they would suggest that in Resolution 2nd, *three* be substituted for *four*, as indicative of the number of years to be required for study; that in Resolution 4th, *medical ethics* be entirely dropped out; and further—they would reserve to themselves the privilege of adding whatever other branches they deemed expedient or necessary. Submitted by yours very respectfully, A. J. STEELE, *Rec. Sec. pro tem.*

A. HAMMER, M.D., *Prof. and Dean of the Faculty.*

SAN FRANCISCO, *Oct. 16th, 1867.*

To N. S. DAVIS.

DEAR SIR:—I am instructed by the Trustees and Faculty of the Toland Medical College to acknowledge the receipt of your circular, on the subject of medical education, and to inform you that they most heartily approve of the resolutions set forth, and hereby agree to adopt them, as soon as the same course is pursued by the Colleges named in your circular. Very respectfully and truly yours, THOMAS BENNETT, *Dean.*

CHICAGO MED. COLLEGE, CHICAGO, *Oct., 1867.*

To. N. S. DAVIS, S. O. GROSS, F. DONALDSON, GEO. P. BLACKMAN, *Committee.*

MESSRS:—Your circular addressed to the Faculty of the



Chicago Medical College, embodying the action of the Convention of Delegates from Medical Colleges, as been received and presented to the Faculty and Trustees; and I am duly authorized to communicate to you in their behalf the following reply:

The Chicago Medical College, organized in 1859, adopted at the beginning the full *curriculum* recommended by the late Teachers' Convention; instituted thirteen professorships; made the regular annual college term—five calendar months; and adopted the progressive method of instruction, by dividing the branches entering into the *curriculum* into two series—the junior and senior—requiring the students attending their first course to so far restrict their attention to the junior series as to bear a full and satisfactory examination in all of them, before they could advance in their next course to the senior series. The success attending this plan, and the manifest advantages to the student have caused the Faculty and Trustees not only to cordially sanction the plan proposed in your circular, but to adopt it, and carry it practically and fully into effect, at the session of 1868-9, whether it is adopted by other medical colleges or not. If they omit anything from the full plan recommended by the Convention, it will be the *fourth* year of study, and the Latin and Greek mentioned in the preliminary requirement. Assuring you that this Faculty will cordially co-operate in any concerted measures for elevating and systematizing the work of educating men for so responsible a profession as that of Medicine. I remain yours truly,

N. S. DAVIS, *Dean of Faculty of Chicago Med. College.*

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WASHINGTON, April 28, 1870.

I am informed by a member of the Faculty of the Medical Department of Willamette University, at Salem, Oregon, that the communication of the Committee was received and acted upon by that Faculty, and a copy of such action sent to the Committee, but the same has not reached me. On his authority, I have included it among the Institutions fully approving the plan proposed by the Convention of 1867.

N. S. DAVIS.

PHILADELPHIA, *April 11, 1868.*

*Gentlemen:*—It is my duty to inform you that, at a meeting of the Faculty of the Jefferson Medical College, of Philadelphia, held this day, Professors Gross and Rand were appointed Delegates to the next meeting, at Washington.

At the same meeting, it was resolved that whenever a majority of the prominent schools of the country give their assent to the proposed changes in the curriculum, the Jefferson Medical College will, with the permission of the Board of Trustees, heartily co-operate.

I am, gentlemen, with much respect, your obedient, humble servant,

ROBLEY DUNGLISON,

*Dean of the Faculty of the Jeff. Med. Coll., of Philadelphia.*  
Messrs. N. S. Davis, S. D. Gross, Geo. C. Blackman, F. Donaldson, Committee.

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UNIVERSITY OF MICHIGAN, *March 20, 1868.*

TO DR. N. S. DAVIS, CHAIRMAN OF COMMITTEE OF THE CONVENTION OF MEDICAL TEACHERS, &C.:

The Medical Faculty of the University of Michigan have received the circular, sent by your Committee to Medical Colleges, and have carefully considered the general plan proposed for revising the system of medical education in this country, and the various propositions in detail, both in reference to their intrinsic merits and their practicability, and have come to the conclusion that the plan referred to is imperfect, and, in some respects, injudicious in its details, and quite impracticable in the present state of the profession among us.

From all the information in our possession, we are of the opinion that its general adoption cannot be secured. These conclusions have not been arrived at through any want of appreciation of the disgraceful condition of medical education among us, or of the importance of medical reform.

It is but just to the Medical Faculty and the Regents of the University, to say that we have long felt the need of such reform, and have, by the institution of preliminary examinations, by the lengthening of the term of instruction to six

months, by requiring faithful attendance upon instruction, and giving certificates of the time of such attendance, by requiring of candidates for graduation frequent exercises in writing, in addition to oral examination, and by furnishing the facilities for practical work on a large scale in the chemical and pharmaceutical laboratory, by requiring a large amount of careful dissections, and by rigid final examinations, endeavoring to do what we could toward effecting such reform. But the changes proposed, we regard as too sweeping and extreme; and, even were its main features adopted, the apportionment of the various subjects for the different years is unequal and imperfect.

Without giving the reasons for the same in detail, we propose the following modifications:—

*1st.* Every student applying for matriculation in a Medical College, shall be required to show, either by satisfactory certificate or by direct examination, by a Committee of the Faculty, that he possesses a proper moral and intellectual character; a good English education, including a proper knowledge of the English language, and a respectable acquaintance with its literature and with the art of composition; the more elementary mathematics, including the chief elements of algebra and geometry; the elements of the natural sciences, and such a knowledge of language as will enable him to understand the technical terms of the profession; and the certificate presented, or the result of the examination thus required, shall be regularly filed, together with evidence of the time of commencing medical studies, as a part of the record of each Medical College.

*2d.* Every medical student shall be required to study medicine three and a-half years—deducting, however, six months of time of study in the case of those who may be graduates of a respectable College, requiring four years of the higher studies to complete the course; and, during this time, he must attend two regular courses of Medical College instruction, before being admitted to an examination for the degree of Doctor of Medicine.

*3d.* The minimum duration of a regular lecture term shall be eight months.

4th. Every Medical College shall embrace in its curriculum the following branches, *viz.*:—Descriptive and Practical Anatomy; Physiology and Histology; Chemistry, inorganic and organic; Materia Medica; Urinalysis and Toxicology; General Therapeutics; Hygiene; Surgical Anatomy; Operations of Surgery; Medical Jurisprudence; Medical Ethics; Practice of Medicine; Practice of Surgery; Obstetrics; Diseases of Women; Diseases of Children; Clinical Medicine and Clinical Surgery; and these several branches shall be divided into two groups, or series, the more elementary subjects, *viz.*:—Descriptive and Practical Anatomy, Physiology and Histology, Chemistry, Materia Medica, Pathological Anatomy, General Pathology and General Therapeutics, being chiefly taught during the first four months of the course, while the more advanced and practical branches, *viz.*:—The Practice of Medicine, Practice of Surgery, Obstetrics, Diseases of Women and Diseases of Children, including Clinical Medicine, Clinical Surgery, Urinalysis and Toxicology, Medical Jurisprudence, Medical Ethics, and Personal and Public Hygiene, shall be chiefly taught during the last four months of the term.

5th. Every Medical College shall immediately adopt some effectual method of ascertaining the actual attendance of the student upon its lectures and other exercises, and also, before graduation, of the actual time devoted to the study of medicine out of College; and, at the close of each College session, or of the attendance of the students, a certificate specifying the time and the course of instruction actually attended, shall be given, and such certificate only shall be received by other Colleges, as evidence of such attendance.

This plan contemplates a positive and respectable standard of preliminary education; a longer time of professional study; a systematic and successive order of studies; a certain amount of Clinical instruction, and a *repetition* of the courses of lectures to the student, thereby securing the correction of misapprehension; a more thorough understanding of the various subjects, and a more permanent lodgment of them in the memory.

The present proposed method of accomplishing these objects

is, in our judgment, far more simple and easy of execution than the one proposed by the Delegates from Medical Colleges, contained in the circular, and also, in our judgment, it is infinitely more likely to be adopted by the schools. For these reasons, we propose the amendment above stated.

In behalf of Medical Faculty of the University of Michigan.

A. B. PALMER, *Chairman of Committee.*

CINCINNATI, *March 9, 1868.*

N. S. DAVIS, M.D., CHAIRMAN COM. ON MED. EDUCATION:

*Sir:*—The Faculty of Miami Medical College respectfully reply to your Committee, that we regard the suggestions contained in your circular as of grave importance, and that they should receive the careful consideration of all the schools.

In *part*, we heartily endorse the action of the Convention, but in *part* we do not think the present state of medical society in the United States will warrant the attempt to introduce certain of the proposed changes.

Resolution 1st is approved.

Resolution 2d we deem out of the question at present; but are willing to make rule of three years rigid.

Resolution 3d, approved.

Resolution 4th, so far as the curriculum, number of teachers, and clinical requirements are concerned, we heartily indorse them, and carry them out in our school.

That portion of the resolution proposing a general revolution in the *plan* of teaching, *i.e.*, grading, etc., we deem impracticable at this time, even if desirable, *per se*, of which we are not satisfied. We believe it better to leave the *details* of teaching to the judgment of the individual schools.

Resolution 5th, approved.

The reasons for objecting to *four* years' study are, that students are generally too poor, and the community will patronize those who have studied much shorter time. The result would be to throw a large number of students into practice, less perfectly educated than at present.

The same objections will apply to enforcing the rule of three

courses of lectures. If these rules were adopted, the result would be to throw a large proportion of students into schools which would not adopt the regulations, and to lessen, with this class, the standard of requirement, and the facilities afforded them for education.

The result of this would be a great diminution of patronage of all good Colleges, and particularly of Western Colleges that made these requirements, as students would attend institutions not adopting the regulations. The effect would be to keep the latter alive, and to build up new ones of the same class.

We object, therefore, to such vital portions of the plan, that we suppose it scarcely necessary to name any time for inaugurating changes. Respectfully,

WM. H. TAYLOR, *Secretary P. T.*

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CHARLESTON, *February 25, 1868.*

TO DR.'S N. S. DAVIS, S. D. GROSS, G. C. BLACKMAN, AND F. DONALDSON, COMMITTEE APPOINTED BY CONVENTION OF TEACHERS OF MEDICAL COLLEGES:

*Gentlemen:*—The circular addressed by you, under the authority of the Convention of Teachers of Medical Colleges, to the Faculty of the Medical College of the State of South Carolina, has been received, and, in compliance with your request, the following answer is respectfully tendered:—

The entire subject matter involves several propositions:—

1st. Expediency and practicability.

2d. \* The general and special details of the plans proposed.

3d. Suggestions designed to improve those plans.

Upon each of these heads, the Faculty beg leave, respectfully, by way of answer, to offer a few remarks.

The expediency and importance of the measures and objects proposed are too patent to require any argument; and, while with many of the leading Colleges of the Union, the entire practicability is at least probable, it is greatly to be apprehended that, in the Southern States, broken down and impoverished, as they are, with all their resources gone, a policy, otherwise in the highest degree desirable, could not, under existing

circumstances, be successfully carried out. Even under more propitious conditions, there is reason to fear that mere voluntary concurrence would fail to secure the important ends proposed. There are so many rival schools—all self-sustaining—that, under the spirit of competition for numbers, an easy morality, unbridled by restraint, would speedily lead to a neutralization of pledges, however sincerely made in the beginning. It is believed that the objections thus anticipated, can only be met by concurrent State legislation. If all of the States could be induced to adopt a uniform system of medical education, taking as their guide the plan proposed by the Convention, the difficulties would be effectually obviated. The General Government, in consequence of its peculiar organization, does not possess the power.

*2dly.* The several propositions embodied by the Convention so fully cover the important questions involved, that they present a strong claim to general sanction, and demand but few suggestions, by way of improvement. But as propositions are invited by the Committee, the following are respectfully offered:—

SEC. 1. In connection with the evidences of preliminary education, would it not be better to require the applicant to construe a plain and easy sentence in Latin and Greek, than to have the requirement so indefinitely expressed?

SEC. 2. It is respectfully suggested, in reference to the four years' study proposed by the Convention, three of which are required to be employed in attendance upon lectures in a College, that the first of these four years employed, as it must be in the wasteful expenditure of time in an office, without instruction or proper guidance, can be of no avail to the pupil. If four years are to be required, would it not be more advantageous to exact an attendance on collegiate or university instruction during the four terms? In all European institutions which have been modeled on the results of long and mature experience, it has been found expedient to divide the scholastic year into two terms or semesters; the first extending from the middle of October or the 1st of November, to the 1st of March;



the second, commencing on the 1st of April, terminates on the 1st of August, thus leaving one month in the spring, and two and a half months in autumn, for relaxation from study, and allowing a reasonable time for recreation. This arrangement, it is believed, presents many advantages, not the least of which is, that inasmuch as many of the subjects comprised in the course can be as well taught in the spring and summer, as in winter, others being more advantageously prosecuted during the latter season. And, in addition to this, there is another advantage, *viz.*: the courses, under this distribution, may be so arranged that those which call for the widest range of discussion, as practical medicine, surgery, &c., may be extended through the two semesters, while others of limited extent may be completed in one. This would not only prevent crowding—a great evil under the present system—but allow ample time, during the summer semester, for the advantageous introduction of various collateral subjects, more or less special, but all important, as ophthalmology, ear diseases, dermatology, laryngoscopy, microscopy, chemical analyses, &c.

It is therefore respectfully suggested that instead of a single term of six months, as proposed by the Convention, the scholastic year be divided into two; one for the winter, the other for the summer, as described above, each comprising four months; and that the subjects to be taught be appropriately distributed in accordance with this division of time.

SEC. 3. But slight suggestions are proposed in reference to this section. It is nevertheless questionable whether the subjects enumerated could be efficiently taught by a corps of nine professors. Thus, clinical medicine and clinical surgery would perhaps require incumbents, separate from and independent of those engaged in the delivery of didactic discourses on these subjects. As regards the arrangement and grouping of the subjects, a slight modification of the plan proposed by the Convention might perhaps be advantageous. Thus, it is respectfully suggested to separate inorganic and organic chemistry from *materia medica*, and associate with the two former medical physics—perhaps pharmacy; to add general therapeutics to

materia medica, and to associate toxology with medical jurisprudence, to which, in many respects, it legitimately belongs. Ethics may be rather regarded as a collateral study.

The Faculty deferentially, but with great sincerity, offer these remarks; and while they deem it inexpedient, in view of the present relation of their College, to pledge themselves to an adoption of the measures proposed, they take great pleasure in expressing their cordial approbation of the efforts thus made to improve our system of medical education, and thereby rescue it from the reproaches to which it has been so long amenable. With much respect, your obedient servant,

J. J. CHISHOLM, M.D., *Dean of the Faculty.*

It will be seen that the first of these replies is entirely non-committal, while of the remaining nine, four suggest amendments or alterations in the plan proposed, and five unequivocally sanction the plan as a whole, and express a willingness to carry it into practical effect, whenever the other colleges throughout the country will do the same. In addition to these official replies, the Chairman of your Committee has received several letters from individual members of college faculties, and from some of the most eminent in the profession. But as they express only individual opinions, it has not been deemed proper to include any of them in this report.

Your Committee, having been unable to obtain even an expression of opinion concerning the plan proposed by the Convention of 1867, from the faculties of a large majority of the Medical Colleges, have, in accordance with the spirit of their instructions, sent copies of the following circular to all the regular Colleges in the United States.

"The undersigned Committee, in accordance with the instructions of the Convention of Delegates from Medical Colleges, held in Cincinnati, in May, 1867, respectfully and earnestly invite you to send Delegates to a Convention to be held in the City of Washington, on the Friday preceding the first Tuesday in May, 1870; for the purpose of considering all subjects connected with medical college education, and procuring the co-operation of the Schools in carrying out a uniform sys-

tem of medical instruction. It is very desirable that every regular Medical College in the country should be represented in the Convention.

N. S. DAVIS, S. D. GROSS, GEO. C. BLACKMAN, F. DONALDSON,	}	Committee.
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CHICAGO, ILL., *Dec. 22d, 1869.*

It is in response to this invitation that you are assembled here to-day. It is no part of our object, in presenting this report, to enter upon the discussion of the merits of any proposed plans of improvement, but simply to lay before you the record of what was done in the previous Convention, at Cincinnati, and of what has resulted in relation thereto, since. We cannot willingly close this report, however, without a few words of warning or exhortation. From all our correspondence and intercourse with the profession at large, we are satisfied that if this Convention shall result in the actual adoption, by the Colleges, of the plan proposed at Cincinnati, or something equivalent thereto, and the same shall be carried into effect by the Schools located in the cities, named in the circular of the Committee dated Aug. 1st, 1867, they will be fully and promptly sustained by the whole profession, even to the complete repudiation of the diplomas of all colleges that might attempt to maintain any lower standard of action. But if the Convention shall fail in the accomplishment of any important practical results, it will give a powerful impetus to a long-existing, but partially latent, disposition on the part of the profession to practically nullify the value of all medical college diplomas, by establishing independent Boards of Censors in each State, and refusing to acknowledge as regular members of the profession, or admit to membership in any medical society, local, state, or national, all who do not submit to an examination, and obtain a license from such Board. This will be claimed as the only method by which students of medicine can be made to resort to such colleges as will give them the most complete and thorough courses of instruction in every department of medical knowledge, in-

stead of such as will give them a diploma in the shortest time, and with the smallest expenditure of money, for the sake of increasing the number of their classes. The time has fully come when some important practical results must be obtained.

Let us bring to the work calmness, deliberation, liberality of sentiment, and an honorable confidence in the abiding integrity of each other, and the work will be accomplished. Individual interests and prejudices are limited and temporary. But the interests, the honor, and the usefulness of a profession, whose existence constitutes an integral part of civilized society; and whose duties are interwoven with the highest and tenderest interests of the human race, must remain to the end of time. In all our deliberations during the continuance of this Convention, let us forget the first, while, with earnest purpose, we keep the latter constantly in view. All of which is respectfully submitted.

N. S. DAVIS.

WASHINGTON, D.C., *April 28th, 1870.*

On motion, the propositions in relation to medical education, adopted by the Convention of 1867, were made the basis for the further action of this Convention; and the Secretary placed in the hands of each member a printed copy of the same. The Convention then adjourned until 10 o'clock A.M., to-morrow.

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SATURDAY — SECOND SESSION.

Meeting called to order by the President, at 10 o'clock A.M. The Secretary read the minutes of the previous meeting, and they were approved. A recess of ten minutes was taken, to allow the Committee on Credentials to register new members.

When the Convention was again called to order, Prof. S. M. Bemis, Chairman of Committee on Credentials, reported the following additional members:

Kansas City Medical College. { Prof. John M. Forrest.  
" A. P. Lankford.

Missouri Medical College.—Prof. A. Hammer.

Med. Depart. University, Nashville. { Prof. W. K. Bowling,  
" W. G. Briggs.

National Med. College, D.C. { Prof. W. P. Johnston.  
" N. S. Lincoln.

Med. Depart. University, Maryland.—Prof. F. Donaldson.

Prof. N. S. Davis offered the following resolutions, for the purpose of facilitating the transaction of business, and they were unanimously adopted:

*Resolved*, That all motions and resolutions except to adjourn, lay on the table, or postpone, must be in writing, with the name of the author attached.

*Resolved*, That the name of every member who may be recognized as occupying the floor, must be distinctly announced by the President, before he is allowed to proceed.

*Resolved*, That no member shall be permitted to speak more than once on the same subject, until all others have spoken who desire to do so.

The Secretary announced the reception of a dispatch, saying that John A. Murphy, of the Miami Medical College, and Theophilus Parvin, of the University of Louisville, were detained at Grafton, Va., by failure to make connection in the railroad trains.

Prof. N. S. Davis offered the following resolution, which was adopted:—

*Resolved*, That the several propositions adopted by the Convention at Cincinnati, in 1867, be taken up separately in the order they stand in the printed report.

The first proposition, which related to the standard of preliminary education, was read by the Secretary. After some discussion, concerning the question whether the action which might be taken was to be considered binding on the institutions represented, it was distinctly claimed by the delegates from Philadelphia and several other places, that they had no authority to pledge their respective schools until their action should have been submitted to their respective faculties. Prof. J. S. Moore offered the following amendment:—

Strike out of the proposition all between the word "education" and the words "and the certificate," and inserting "with a sufficient knowledge of the construction of the language to enable him to understand medical technicalities."

After remarks by Prof. J. S. Moore and Prof. D. W. Yandell,

in favor of the motion, Prof. A. Hammer offered the following amendment to the amendment of Prof. Moore :—

To strike out of the original proposition all that related to Greek and Latin, and retain the rest. He protested against the views expressed by Professors Moore and Yandell, and advocated a fair standard of education, but was willing to omit the ancient languages, if it would be the means of making the rest of the standard more likely to be adopted and carried into practical effect.

Profs. Reyburn, Loomis, and Cox, of Washington, advocated the retention of the original proposition, without amendment.

Prof. D. W. Yandell replied, in substance, that all resolutions and recommendations on the subject were of no avail. The community would employ who they pleased, as doctors, whether they had any education or not; and medical students would go to any College they pleased, if they had money enough to pay the fees, entirely regardless of any standard of preliminary requirements.

Prof. N. S. Davis discussed the subject fully, claiming that the positions occupied by Prof. Yandell, and others on the same side, were wholly untenable. The reason why so large a number of medical students presented themselves to the Colleges, totally without any adequate general education, was simply because the schools required none. Suppose all the Literary Colleges and Universities in the country should open their doors to any who might come, without any examination or standard of previous acquirements, how long before they would be filled with students who had not acquired the first elements of education? If the Medical Colleges make a standard, and provide for its practical maintenance, instead of cutting off the supply of students, it would simply cause such young men as desired to study medicine, to first make the necessary preliminary preparation. And not only this, but the example of the Colleges would be followed by all our social organizations, whether local, State, or National, forbidding any of their members from receiving a student into their offices, without the required amount of mental training.

He thought the subject one of paramount importance; in fact, the very foundation on which all other improvements must rest. He would not be tenacious about Greek and Latin. But the responsibility for the present state of things was directly with the schools. It was narrowed to the simple question, whether the College Faculties will honestly unite on what all agree to be desirable and right, and carry it into practical execution, or whether they will let their mutual jealousies and distrust of each other, keep the education of the whole profession in its present condition?

Prof. A. Stille claimed that the action of the American Medical Association, and that of the previous Convention of College Delegates, had had a good effect. They had advanced and moulded public sentiment in the profession, and much progress had actually been made by the schools. He thought further advances must be made in the same way. He therefore moved the following, as a substitute for both the amendments now before the Convention:—

*Resolved*, That, in the judgment of this Convention, the propositions adopted in 1867, by the Convention of Delegates from Medical Colleges, embody a system of collegiate medical education in the highest degree commendable, and which, if they could be generally carried into effect, would tend to elevate the medical profession,—that, nevertheless, the requirements for the degree of Doctor of Medicine must be practically determined by each Medical College for itself, by the average attainments of its students, and by other considerations, of which it alone can judge; and that, consequently, while abstaining from all attempts at dictation, this Convention reiterates, in the strongest manner, its desire that the several Medical Colleges will, in the changes from time to time made by them in the curriculum of study, endeavor to conform them to the general plan which was recommended by the Convention of 1867, and adopted in the same year by the American Medical Association.

Prof. Samuel Logan thought the substitute out of order, inasmuch as it carried with it all the subsequent propositions, as well as the one directly under discussion.



The President decided the substitute to be in order.

Its adoption was opposed by Professors Hammer, Logan, J. B. Johnson, and Bemiss, who claimed that they had come to the Convention with such instructions from their respective schools; that they were prepared to act on all the propositions, and with binding effect.

Prof. S. D. Gross, having called the Vice-President to the chair, took the floor, and stated that the whole question was in a nut-shell, and a very small shell at that. It was simply, "Will the American Medical Colleges combine, and go forward to a proper standard of education, or not?" Will the Colleges continue to stultify themselves with resolutions, or will they act? He thought the schools alone responsible, and claimed that they could accomplish the work in an hour, if they would. He said it could be done by no other power—the American Medical Association being powerless in the matter.

In taking the vote on the substitute offered by Prof. Stille, a division of the house was called for, and resulted in *five* affirmative votes, and *fifteen* in the negative. The substitute was rejected.

The question recurring on the amendment to the amendment, as offered by Prof. Hammer, it was opposed by Prof. Gross, and, with the consent of the Convention, it was withdrawn.

The question recurring on the amendment offered by Prof. Moore, Prof. Forrest again raised the question, whether the action the Convention may take is to be regarded as final and obligatory upon the Colleges represented, or only advisory?

A conversational discussion ensued, which developed the fact that a majority of the representatives from Colleges in the West and Southwest had come with definite instructions in favor of advancement and final action; while the representatives from both the schools in Philadelphia, and several others, disclaimed having any instructions, and that, whatever might be done, would have to be submitted to the Faculties of the schools for ratification.

In answer to an inquiry about the terms of the call for this Convention, Prof. Davis explained that the results of the pre-

vious Convention, consisting of the propositions now before this body, were laid before the Faculties of all the Colleges, known to exist in the country, more than two years since, and it was certainly hoped and expected, that, in sending delegates to this Convention, they would so instruct them as to permit final action; but if such had not been the case, we had now no alternative but to regard whatever action we take as advisory.

Prof. Gross moved a reconsideration of the vote on the substitute offered by Prof. Stille, which was seconded. The reconsideration was opposed by Professors Logan and Moore.

Prof. Davis wished it to be understood that most of the Colleges in the West and South were ready to act, and declared that if the old institutions in Boston, New York and Philadelphia, would lay aside their petty rivalries, and act on what they all acknowledged to be right, every College in the Mississippi Valley and beyond it, would cordially go with them. He wished the responsibility to rest where it justly belonged. If, however, we could only advise, he was in favor of holding what we had got at present, and trust to time and Providence for the future. It would be found that there was more than one road to the object sought.

The vote on the reconsideration was carried in the affirmative.

Prof. Gross moved the adoption of Prof. Stille's substitute, which was carried by a large majority.

Prof. Samuel Logan then offered the following resolutions:

*Whereas*, This Convention has failed to secure the assent of a majority of the regular Medical Colleges of the United States, to the system of improvement in medical education, recommended at its last session; and,

*Whereas*, It is the opinion of this Convention that the best means by which a judicious system of gradual improvement in medical education can be inaugurated by the Medical Colleges of this country, will be found in the *associated action* of such Colleges as will unite for that purpose; it is hereby

*Resolved, 1st.* That a committee of nine be appointed, whose duty it shall be to communicate with the Faculties of all the regular Medical Colleges in the United States, with the view to

ascertain how many, and which may be willing to become members of an *Association of Medical Colleges*, having for its prime object the improvement of medical education.

2d. That the Chairman of said Committee be instructed, as soon as he shall have received affirmative replies from ten (?) regular Colleges, to inform each Faculty so consenting, of the fact, and to request that each Faculty elect one or more delegates, to convene on the Friday before the day appointed for the meeting of the American Medical Association, in 1871, and at the place of meeting chosen by that body—said delegates to be fully authorized to pledge their respective Faculties to whatever definite plan of improvement in medical education may be adopted by the body in Convention.

3d. That it is hereby recommended that said delegates organize themselves, in behalf of their respective institutions, into a permanent *Association of Medical Colleges* for the above-mentioned object, and with the view of co-operating with the American Medical Association and the profession at large, in efforts to accomplish so desirable an end.

4th. That Prof. N. S. Davis, the Chairman of the Committee, appointed by the Convention of 1867, to communicate with the Medical Colleges on the same subject, be made the Chairman of this Committee, and that the Committee be authorized to fill any vacancies which may occur in its ranks.

After the reading of the resolutions, Prof. Lankford moved that the Convention adjourn to 8 o'clock P.M., for their further consideration, which motion was seconded and carried.

#### EVENING SESSION.

The Convention was called to order at 8 P.M.—Prof. Yandell, Vice-President, in the Chair.

The following additional delegates presented their credentials, and took their seats:—

University of Louisville,

Miami Medical College,

Medical College of Alabama, (Mobile),

University of Buffalo,

Prof. Theophilus Parvin.

“ J. A. Murphy.

“ Edward P. Gaines.

“ Chas. A. Lee.

The Secretary read the resolutions offered by Prof. Logan, previous to adjournment.

On motion of Prof. Bemiss, they were unanimously adopted.

The Vice President in the Chair, filled the Committee called for in the first resolution, as follows:—

Prof. N. S. Davis, of Chicago, Chairman.

“ Samuel Logan, of New Orleans.

“ A. Hammer, of St. Louis.

“ T. Parvin, of Louisville.

“ S. D. Gross, of Philadelphia.

“ A. C. Post, of New York.

“ Geo. C. Shattuck, of Boston.

“ Geo. C. Blackman, of Cincinnati.

“ A. P. Talley, of Charleston.

On motion of Prof. Logan, it was resolved that a complete copy of the proceedings of this Convention be transmitted by the Secretary to the Secretary of the American Medical Association; another copy to the Committee of Nine, just appointed; and another to the medical periodicals of the country.

Prof. A. Hammer offered the following resolution, seconded by Prof. Moore:—

*Resolved*, That the attempt, on the part of any existing schools, to reduce their tuition fees, or of any new College to be started, to underbid its neighbors, shall be by this body considered and pronounced to be an act of dishonesty.

After some discussion, participated in by Professors Hammer, Murphy, and Davis, the mover, with the consent of the house, withdrew the resolution.

On motion of Prof. Hammer, the thanks of the Convention were tendered to the officers, for the able manner in which they had discharged their duties; and to the Faculty of Georgetown Medical College, for the use of their building.

On motion of Prof. Bemiss, the Convention adjourned *sine die*.

N. S. DAVIS,

*Secretary of Convention.*

## Correspondence.

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### TEMPORARY INSANITY, FROM THE USE OF BROMIDE OF POTASSIUM.

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KNOXVILLE, TENN., May, 1870.

TO THE EDITOR OF THE MEDICAL EXAMINER:

In Prof. W. A. Hammond's *Psychological Journal*, for Jan., 1869, is an article from the pen of the editor "on Some of the Effects of Bromide of Potassium, in Large Doses." It is but lately that I met with the article in question; and on reading it, it seemed proper to add a few observations, suggested since writing my remarks upon the bromides, in the January number of the EXAMINER. I then alluded to the case of a colored man, laboring under epilepsy, with some indications of mental aberration.

From Dr. D. T. Boynton, of this city, who had the case in charge previous to my coming here, I learn that the man had taken, during the summer of 1867, bromide potassium, in doses of twenty grains, two or three times daily, quite regularly, and that it was while taking the salt thus freely, that the peculiar form of insanity first manifested itself. Dr. B., at the time, attributed these symptoms to the epilepsy, together with excitement, growing out of local politics affecting his race, and to religious enthusiasm.

He was taking the bromide when I first saw him, Oct. 1st, 1867, and at that time his insanity was most obvious. I only gave eight or ten grains at a dose, after assuming the care of his case; and it was continued for a month or two, but, perhaps, not unremittingly.

I will add, however, that this man appears to be slowly recovering his health. The epileptic phenomena are mainly slight attacks, which he can anticipate, and generally is able to reach his home before becoming insensible.

The fits recur only about once in two months, and his mental

faculties are less impaired. Much good has been accomplished, in this case, by carefully watching the condition of the alimentary canal and the timely use of laxatives.

A second case bearing upon this subject has recently come to my notice. A few months ago, a family removed to this city from Cincinnati. One of the number, a young man, aged 17, has had epilepsy five years. I am informed by Mr. A., an older brother, who is an intelligent druggist, that he had scarlatina ten years ago, from which he slowly recovered. Soon after convalescence, he began to complain of feverishness, attended with a flushed countenance. These attacks were only occasional at first, and lasting but a short time. He was treated, by different medical men, with antiperiodics and tonics, but with no permanent effect.

Finally, these symptoms gradually merged into confirmed epilepsy. Soon after coming here, Mr. A. put up, as he informs me, the following combination, upon his own responsibility:—

R.	Potassii Bromidi,	} āā, -----	3j.
	Ammonii “		
	Fluid Ext. Valerian,	-----	3iij.
	Aquas Puræ,	-----	3xiiij.
	Strychniar Sul.,	-----	gr. j.

M. Sig. Tablespoonful three times daily. Very soon after its use was commenced, the fits became less frequent, so that instead of five or more in a day, he had but one in three weeks.

In less than a month after, however, he began to show signs of mental excitement; and, one day, a servant ran hurriedly to announce to Mr. A., that “*Will* had gone crazy.”

Dr. Boynton, whose office stood adjoining the house, was requested to see him, and at once decided that he was laboring under the effects of the bromide.

He was very much excited, and drove his mother and sister from the house. Complained of an unpleasant sensation in the forehead, extending towards the left orbit. He was inclined to run about, and there were also involuntary and convulsive movements of the lower limbs. He would run about in a circle and kick at both persons and things.

This continued for some hours; but the exhibition of a full dose of powdered opium soon produced quiet.

Since that time (which was a month or more ago), he has been more free from fits than for a long time.

I have suggested, in this case, a continuance of the bromide, in doses of eight or ten grains, three times daily. The question might arise whether the convulsive movements of the limbs and disposition to kick and run about were not the effects of strychnine. The dose was but  $\frac{1}{32}$  part of a grain, and cannot be considered excessive.

F. K. BAILEY.

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### Book Notices.

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Anatomy, Descriptive and Surgical. By HENRY GRAY, F.R.S., Fellow of the Royal College of Surgeons and Lecturer on Anatomy at St. George's Hospital Medical School. The drawings by H. V. CARTER, M.D., Late Demonstrator of Anatomy at St. George's Hospital. With additional drawings in the second and later editions by Dr. WESTMARTON. The dissections jointly by the author and Dr. CARTER. With an Introduction on General Anatomy and Development, by T. HOLMES, M.A., Contab.; Surgeon to St. George's Hospital; Mem. Corresp. *De La Soc de Chir. de Paris*. A new American from the fifth and enlarged English edition. With 462 Engravings on wood. Philadelphia: Henry C. Lea. 1870.

As a whole, this is probably the best text-book on anatomy in our language. The present edition is published in good style. For sale by S. C. Griggs & Co., Chicago. Price \$7.00.

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Transactions of the Medical Society of the State of New York, for the year 1869.

This is a well-bound volume of 363 pages, containing, in addition to the record of proceedings at the annual meeting,



twenty reports and papers on different topics, biographical sketches of six deceased members, and the lists of permanent and honorary members, etc. It embodies the proceedings and papers of the sixty-second annual meeting of the New York State Medical Society. Copies may be obtained by applying to Wm. H. Bailey, M.D., Secretary, Albany, New York.

**Our Home Physician: A New and Popular Guide to the Art of Preserving Health and Treating Disease; with Plain Advice for all the Medical and Surgical Emergencies of the Family, etc.** By GEO. M. BEARD, A.M., M.D.; Lecturer on Nervous Diseases in the University of New York, etc., etc. E. B. Treat & Co., 654 Broadway, New York; C. W. Lilley, 11 Major Block, Chicago.

This is an elegantly bound volume of 1066 pages, intended, as its title imports, to be a popular treatise on medical matters, for use in the family, etc. It is written in good style; and, in most respects, the views presented by the author are judicious. But the single chapter on the use of alcoholic and other stimulants is calculated to do more harm, mentally and physically, than all the rest of the book can do good.

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### Editorial.

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**PROCEEDINGS OF MEDICAL SOCIETIES.**—We had intended to publish in the present number an abstract of the proceedings of the American Medical Association, and of the Illinois State Medical Society. But the full record of proceedings of the Convention of Delegates, from Medical Colleges, recently held in Washington, occupies so much space that we shall be compelled to defer that of the national and state organizations until the next number. In the meantime, we will simply state that the meeting of our State Society in Dixon, on the 17th and 18th of May, was one of the most pleasant and profitable that its members have ever enjoyed. Though many of the Commit-

tees were delinquent in regard to reports, yet all the time of the meetings was occupied in the hearing and discussion of papers and questions of importance.

The Committee of Arrangements, in conjunction with the people of Dixon, received the members of the Society with cordial hospitality, and on Wednesday afternoon, gave them a delightful entertainment in the form of a Picnic, on the grounds of Mr. Chertiers, located in the bend of Rock River, elevated abruptly one hundred feet or more, and affording one of the most beautiful places that we have visited. The Mayor, the good Ladies of Dixon, the proprietor of the Nachusa House, and the Committee of Arrangements, with its venerable Chairman, will long be remembered with pleasure by those who participated in the meeting at Dixon.

In regard to the recent meeting of the American Medical Association, at Washington, we have space to say only a few words. In numbers, it was equal to any previous meeting. In the scientific part of its work (which is all done in the several sections), it will compare favorably with any of the previous meetings, as the volume of Transactions, when published, will show. The general meetings, which occupy only a part of each day, and which are devoted to the hearing of reports from the Officers and Standing Committees, and the transaction of miscellaneous business were well attended, and resulted in the accomplishment of the usual business in proper order. The only cause of serious annoyance during the recent meeting was the local controversy in the District of Columbia, arising from the attempt, on the part of a few members of the profession, to organize a new Medical Society, coincidently with an effort in Congress to abrogate the Charter of the old Society of the District. Some of the parties to this controversy succeeded in keeping up just enough agitation of it, in the general sessions of the Association, to annoy and disgust many who felt little interest in the local quarrel.

But even this did not create more disturbance than had been induced by other causes, during several previous meetings of the Association. The daily reports in the *Chronicle* and other

Washington newspapers, were simply grossly exaggerated partizan misrepresentations, full of errors both of omission and commission, and we regret to see them copied into the weekly medical journals of Philadelphia, New York, and Boston.

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AMERICAN MEDICAL ASSOCIATION, RECORD OF ITS PROCEEDINGS.—We are informed that Dr. W. B. Atkinson, permanent Secretary of the Association, proposes to publish an edition of the proceedings of the recent meeting of the Association, in pamphlet form, for twenty-five cents per copy. We hope all members of the profession who desire a *correct* account of the doings of the Association, will send him their names without delay. His address is, Wm. B. Atkinson, M.D., S.-W. Corner of Broad and Pine Streets, Philadelphia.

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ALLEN COUNTY MEDICAL SOCIETY.—We had the pleasure of attending the annual meeting of this Society yesterday, May 31st, at Fort Wayne, Indiana. The number in attendance was large, evincing an active interest in professional advancement highly commendable. Several highly interesting cases of diseases and accidents were presented to the Society, followed by a discussion on scarlet fever, in which most of the members participated. After the public address in the evening, an elegant entertainment was given at the McKenzie House, which was highly enjoyed by all. We ought to have many more such societies.

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PROFESSIONAL QUARRELS.—“In New York, Boston, Chicago, and some other cities, members of the medical profession are fully engaged in professional and personal quarrels.”—*Buffalo Medical and Surgical Journal*.

We clip the above from an editorial in the April number of the *Buffalo Medical and Surgical Journal*, for the purpose of asking our confrère, why he perpetrated such a slander upon the profession of this goodly city. We know of no quarrels in the profession here, and have known none for the last ten years. On the contrary, we think it would be difficult to find any city in which there is less professional bickering or controversy

than here. We think our neighbor in Buffalo must be mistaken in his geography.

### MORTALITY FOR THE MONTH OF APRIL, 1870.

Accident, burned by	1	Drowned	4	Meningitis, cerebro-	6
petroleum	1	Dysentery	3	spinal	1
" drowned	1	" acute	1	Metritis	2
" fall	2	" chronic	1	" puerperal	1
" foreign body in	1	Embolism, fr'm wound	1	Necrosis of sacrum,	1
trachea	1	of foot	1	result of fall	1
" overdose soothing	1	Endocarditis	1	Nephritis, chronic	1
syrup	1	Enteritis	7	Neck, tumor	1
" wound, gun-shot,	1	Erysipelas	5	Old age	5
of chest	1	Fever, congestive	2	Paralysis	2
" run over by wag.	1	" puerperal	5	Paraplegia	1
" scalded	1	" remittent	2	" result of injury	1
" railroad	1	" scarlet	27	to spinal cord	1
Abscess, pelvic	1	" " complications	3	Peritoneal inflammation,	1
Anaemia puerperal	1	" " malignant	7	acute, from gall	1
Apoplexy	2	" typhoid	8	stone	1
" abscess of brain	1	Gastritis and entero-	3	Peritonitis	3
Ascitis	1	colitis	1	" following operation	1
" cirrhosis of liver	1	Hemorrhagia, general	1	tion for stone in	1
Asphyxia	1	Hemorrhage, cerebral	1	bladder	1
Asthma and myelitis	1	Heart, dropsy, result	1	" chronic & dropsy	1
Atelectasis pulmonum	1	of angina pectoris	1	Pleurisy	2
Aneurism, abdominal	1	" valvular disease	4	Pneumonia	49
Bowels, cancer	2	Hemiplegia	1	" broncho	1
Brain, congestion	9	Hepatitis, chronic	2	" & complications	2
" inflammation	4	Hernia, incarcerated	1	" typhoid	4
Bronchitis	14	Hydrocephalus	12	Pyæmia	1
" & complications	2	" acute	1	Scrofula	1
" chronic	1	" chronic	1	" of head	1
" capillary	3	Hydro-pericarditis	1	" enlargement of	1
Carditis	1	Inanition	16	bronchi'l glands	1
Cancer of back	1	Intemperance	1	Small-Pox	3
Childbirth	2	Kidneys, disease of	1	Spina bifida	1
Consumption	57	" Bright's "	5	Spine, caries	1
Convulsions	50	Laryngitis	1	Stomach, cancer	2
Croup	7	Liver, cirrhosis	1	Suicide, laudanum	1
" diphtheretic	1	" cancer, & dropsy	1	Syphilis, congenital	1
" membranous	3	of abdomen	1	" hereditary	1
Cynanche tonsillaris	1	Lungs, congestion	4	Tabes mesenterica	10
Cyst, hepatic	1	" " and heart,	1	Teething	3
Debility, general	3	fatty de-	1	" & complications	2
Delirium tremens	2	generation	1	Thrombosis, puerperal	1
Diarrhœa	3	" emphysema	2	Uterus, cancer of	2
" chronic	1	" hemorrhage	1	Unknown	1
Diphtheria	9	Measles	7	Whooping-cough	5
Dropsy, general	4	" & complications	7	" & complications	1
" of abdomen	1	Metro-peritonitis	1		
" " chest	2	Meningitis	12	Total	494

### COMPARISON.

Deaths in April, 1870, 494 | Deaths in April 1869, 381 | Increase, 113  
 Deaths in March, 1870, 537 | Decrease, 43

## AGES.

Under 1 -----	154	10 to 20 -----	14	60 to 70 -----	13
1 to 2 -----	72	20 to 30 -----	4	70 to 80 -----	7
2 to 3 -----	25	30 to 40 -----	42	80 to 90 -----	5
3 to 4 -----	18	40 to 50 -----	29		
4 to 5 -----	15	50 to 60 -----	17	Total, -----	494
5 to 10 -----	34				
Males, -----	280	Females, -----	214	Total, -----	494
Single, -----	375	Married -----	119	Total, -----	494
White, -----	481	Colored, -----	13	Total, -----	494

## NATIVITY.

Bohemia -----	5	Germany -----	66	Scotland, -----	2
Canada -----	6	Holland -----	5	Sweden -----	8
Chicago, Native -----	78	Ireland -----	45	Switzerland -----	1
Chicago, Foreign -----	190	Norway -----	4	Unknown -----	3
U. S., other parts -----	64	New Brunswick -----	1		
Denmark -----	1	Poland -----	2	Total, -----	494
England -----	13				

## MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Mortality.
1 -----	10	Unknown Ward ----- 1
2 -----	17	Accidents ----- 10
3 -----	18	County Hospital ----- 11
4 -----	13	Convent of Good Shepards ----- 1
5 -----	10	Home for Friendless ----- 3
6 -----	25	Hospital Alexian Brothers ----- 2
7 -----	25	Half Orphan Asylum ----- 1
8 -----	47	Immigrants ----- 1
9 -----	42	Jewish Hospital ----- 2
10 -----	13	Luke Hospital ----- 2
11 -----	23	Lutheran Hospital ----- 1
12 -----	17	Lake Basin ----- 1
13 -----	7	Mercy Hospital, ----- 4
14 -----	15	Protestant Orphan Asylum ----- 4
15 -----	36	St. Luke Hospital ----- 2
16 -----	28	St. Joseph Orphan Asylum, ----- 11
17 -----	26	Suicide ----- 1
18 -----	34	
19 -----	16	Total, ----- 494
20 -----	14	

DR. DIEULAFOY'S "ASPIRATEUR SOUSCUTANE."—Under this name an instrument has been suggested, by means of which effusions into synovial or serous membranes, collections of pus or blood, and even hydatid sacs may be safely evacuated. It consists of an instrument resembling a subcutaneous injection syringe, with a terminal and a lateral tube fitted with stop-cocks, to which a *capillary* trocar can be fitted, so that after withdrawal of the morbid liquid an injection may be practiced, without removing either the trocar or the pump.—*Medical Times and Gazette*, Nov. 20th, 1869.

QUACKERY AND THE PRESS.— \* \* \* "The most powerful auxillary of quackery is, undoubtedly the press; in fact the nostrum-vendors depend so entirely upon it for support in the way of advertising themselves, that without it they could do nothing. The press, in its turn, as a matter of emolument, opens its columns freely and unreservedly to any who choose to pay the cash price for such a privilege of an insertion. This practice is, as is well known, not confined to any particular class of periodicals, for even the most respectable of them eagerly bite at the bait. We doubt whether there can be found to-day, over this country of ours, more than half-a-dozen journals, religious or political, that dare refuse admission into their advertising columns of any quack nostrum that may be offered. On other points they may be orthodox enough; very many will not advertise licentious books, improper places of amusement, and not a few religious papers will go so far as to refuse the announcement of new works of fiction; but at the same time column after column of testimonials of cure by this and that remedy will appear with every issue."

We copy the above from the *Medical Record* (New York), both to endorse most fully all that it says in relation to the evils of advertising "quackery," and to point a moral to the tale by asking the *Record* to pluck the beam out of its own eye. It should call a blush to the entire medical press of this country that money is able to purchase the use of their columns for advertising some of the worst quackery known to medicine. The newspaper is *not* a medical journal; it does not assume to educate the people in this department; but the medical journal does assume to educate and inform the profession, which, in turn, is to instruct the people. We are gravely told, in the article quoted from above, that "the safest way to give medical facts to the community is to quote them from some medical journal of standing." Which are more worthy of confidence, the opinions of lawyers and clergymen of "troches" and "soothing syrup," or the published certificates of medical men attesting the wonderful virtues of some secret compound? How about "sweet quinine," "cincho-quinine," "svapnia," "cod-liver extract," "tolu anodyne," "elixir of opium," together with sundry other "elixirs," and secret proprietary articles, all bearing heavy scientific names, in which their science princi-

pally consists, save only in the art of inducing medical journals to recommend them. Alas! is "the temptation of money too great to be resisted," or shall we see a reform in this matter? A sin may be measured by the light sinned against; by this guage, which is the more guilty, the newspaper, that knows nothing of medicine, or the medical journal, that professes to be a guide in all such matters? We hold the latter to be; and while it may not advertise female pills, it yet offers its endorsement to a class of medicines equally unworthy of confidence, and which it advertises (with *cross-line devices* borrowed from the quack advertisers in the newspapers) for precisely the same reason—to make money. The effect is also similar, as many poorly informed physicians use these nostrums, believing they have found at last the elixir vitæ. While we uphold the *Medical Record* in its position, we hope it will aim its next broadside at the "medical press," and, in its usually skilful manner, strike another blow at quackery.—*Pharmacist*.

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ENLARGED TONSILS REMOVED WITHOUT CUTTING.—Dr. A. Ruppaner reports (*Phil. Medi. & Surg. Reporter*) 123 cases of enlarged tonsils removed without cutting. In reference to the many objections to the operation of excision, made by parents or friends and often fostered by physicians, he says, "Dr. James Yearsley, of London, has operated in more than *three thousand cases* without a single accident, or a single unfavorable result from excision. The testimony of other distinguished surgeons is no less positive. In my own practice I have operated on several hundred patients without a single accident, nor was a solitary case followed by unfavorable or injurious consequences." There are cases, however, in which excision is impracticable, and in which nitrate of silver and iodine have been recommended. Dr. Ruppaner is of opinion that these are useless. Two much more active and satisfactory remedies proposed by Dr. Fournie, of Paris, are *Vienna paste* and *bichromate of potassa*, the former of which is preferred. A better preparation still is the *London paste*, proposed and named by Dr. M. Mackenzie, and consisting of equal parts of *caustic soda* and *lime*, moistened with a little absolute alcohol. The caustic lime and soda, finely pulverized and intimately mixed, is kept in a well-stoppered bottle. "When an application is to be made to



the tonsils, a little of the powder is put into a small, porcelain cup, a few drops of absolute alcohol, which is kept near at hand, are added, the two are carefully mixed with a glass rod, when the paste is ready for use. Care must however be taken that it be of the proper consistency. If too thin, it is apt to find its way to parts which ought not to be touched; if too thick or lumpy, the paste will not readily stick, and little pieces might be swallowed. To apply the paste, a glass rod of sufficient length ought to be used. The end of it, which must be smooth and slightly funnel-shaped, is dipped into the paste, and a greater or lesser portion of the surface touched, as occasion may require." It is better that the patient should be in the position for laryngoscopy, when the paste is applied. Its action is very rapid, and occasions but little pain. The mucous membrane almost instantly assumes a deep flesh color, and presently a dark, blackish patch is seen, streaked with blood. The following day the tonsil is covered with a whitish yellow eschar. The operation is to be repeated in two or three days. The minimum number of applications in the 123 cases was 6, the maximum 14, and the time of treatment extended from three weeks to two and a half months.—*Pacific Medical and Surgical Journal*.

EFFECTS OF TOBACCO-SMOKING ON CHILDREN.—It seems that the habit of smoking has taken possession of the boys in France to such an extent as to elicit serious inquiry as to its results. An able writer describes his experience on the subject, and comes to the following conclusions:

1. The pernicious effects on boys are incontestable.
2. They consist of pallor, chloro-anemia, palpitations of the heart, diminution of the normal number of red globules, and impaired digestion.
3. The ordinary treatment for anemia, etc., is ineffectual so long as the habit of smoking is persisted in.
4. Boys who are addicted to smoking exhibit a want of intelligence, and have a liking, more or less decided, for strong drink.
5. Those who abandon the practice before any serious organic lesions are produced, recover their health perfectly.

This subject concerns hundreds and thousands of boys in California. We may see daily, in the streets of San Francisco, scores of little human apes, scarcely old enough to dispense with diapers, puffing cigaritos and long nines, with all the airs of their exemplary parents. Beardless youths strut everywhere

in thoroughfares and public places, sucking their sweet Havanas and meerschaums, and illustrating the benefits by a disgusting display of sunken eyes, lank cheeks, and bestial mouths—degenerating into animals, instead of growing up to manhood.—*Pacific Medical and Surgical Journal.*

**COLLODION IN ENURESIS.**—Sir D. J. Corrigan, Ireland, calls attention to a mechanical treatment of this trouble, in which, while the prepuce slightly curved up is held with the left hand, the surgeon smears over the little cup thus formed by the extremity of the prepuce, with collodion, by means of a small camel's-hair pencil, or blunt end of a penholder. Almost as fast as applied, the collodion solidifies. In contracting, it draws closely together the edges of the prepuce, and thus the exit for the escaping urine is closed. A boy of eleven years of age has, after one lesson, been able to use the collodion. A fortnight's use is sometimes sufficient for the cure. A relapse is easily dealt with. When the child or youth desires to pass water, the little wedge or cap of collodion is easily removed with the finger nail. When "I first used this collodion application, my expectation was that the bladder would act so forcibly against it as to cause sudden pain, and oblige the patient to jump at once out of bed and quickly remove the collodion, and that he should then repeat the application before returning to sleep. I was agreeably disappointed. There was no pain; no awaking; but on rising in the morning, the prepuce was found slightly distended with urine, and the collodion was removed without difficulty." It is most easy of application, occupies scarcely a minute, and can be carried out at school or elsewhere in perfect privacy.—*Dublin Quarterly Jour. of Med. Science.—Am. Practitioner.*

**EXCISION OF KIDNEY.**—Dr. Simon, of Heidelberg, has performed a surgical operation of considerable interest. In a woman upon whom he had performed ovariectomy there remained a flow of liquid issuing from a distinct situation in the abdominal cicatrix. All remedial proceedings, and even autoplasty, were successfully tried to no purpose. The character of the fluid was then investigated, and was found to be urine, proceeding from a lesion of the ureter which had occurred during the operation. Dr. Simon then undertook a series of experiments on animals with the object of determining whether a kidney might be removed without any evil consequences to the economy. The end of these researches was the decision to

extirpate the kidney, and the operation has been performed with the most satisfactory results.—*Lancet*, Feb. 3, 1870.

CYNANCHE TONSILLARIS.—Dr. F. P. Atkinson, London, treats this troublesome affection in the following way: Bicarbonate of potash, one scruple; powdered guaiacum, ten grains, or tincture of guaiacum, half a drachm; mucilage, as required; water to the ounce; with fifteen grains of citric acid three times a day, in a state of effervescence. A gargle of twenty minims of tincture of iodine to the ounce of water (to be used by being held in the mouth and the head shaken from side to side). Three or four glasses of port-wine daily, and plenty of beef-tea. If the weather is fine, a little gentle exercise in the open air. Purgatives are not necessary, since as soon as the disease is over, the bowels regain their proper tone and become perfectly regular.—*Am. Practitioner*.

ALMOST A DEATH FROM CHLOROFORM.—Dr. Wm. Walling, of this city, reports to us an interesting case, in which death seemed imminent, from a drachm of chloroform taken into the stomach. The subject was a healthy young man, a student of medicine, who took the chloroform (by Dr. W.'s advice) for colic. In about twenty minutes after swallowing it, he complained of dizziness, and, a little while after, fell over, motionless and insensible. For a time, no respiratory movements were perceived, and the pulse at the wrist failed, and the carotid arteries beat languidly. For nearly an hour, the pulse was not more than 45, and occasionally below 40, and feeble. Hartshorn was held near his nose and applied to his face, with affusions of cold water. Suddenly he rushed up and spoke, and all the alarming symptoms passed off, greatly to the relief of his medical adviser. Physicians often prescribe chloroform internally, in drachm doses. This case shows that such doses may be followed by appearances frightful to the oldest practitioner.—*American Practitioner*.

ANTAGONISM OF MORPHIA AND ATROPIA.—A good example of the antagonism of these drugs is referred to in the *Medical Times and Gazette*, for Nov. 20, as occurring in the practice of M. Béhier. In this case, an old man took a solution of sulphate atropia, prepared for ophthalmoscopic purposes, containing one-fifth of a grain. He experienced an acid taste in the throat, slight embarrassment in the movements of the tongue, muscular weakness, a difficulty in walking, soon amounting to

impossibility, and disturbance of vision. M. Bêhier, knowing the antagonism of morphia and atropia (described by Gräfe in 1862), prescribed ten drops of laudanum every ten minutes. Each dose diminished the intensity of the symptoms. The patient took on the whole seventy-six drops—a dose which, if he had not previously taken the atropia, would have undoubtedly produced symptoms of poisoning by opium.—*Cincinnati Lancet and Observer*.

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The Twenty-eighth Annual Course of Lectures will commence on Wednesday, Sept. 28th, 1870, and continue eight weeks.

FEES.—Lectures, \$55.00; Matriculation, \$5.00; Dissection, \$5.00; Hospital, \$5.00; Graduation, \$25.00.

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- C. GILBERT WHEELER, Ph. D.,  
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- S. A. McWILLIAMS, M.D.,  
Assistant to Professor of Surgical Anatomy and Operative Surgery.
- JULIEN S. SHERMAN, M.D.,  
Lecturer on Orthopedic Surg'y and Asst. to Prof. of Prin. & Prac. of Surg'y.
- NORMAN BRIDGE, M.D.,  
Assistant to the Chair of Descriptive Anatomy.

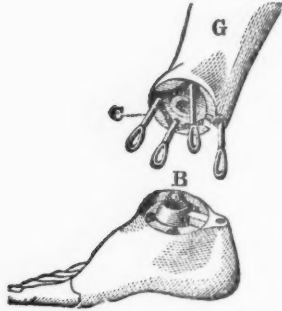
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